Evidence of OOH Capability

The curriculum for UUSC is available on the RCGP website in the 'professional, life changes and clinical topics guide’ on page 47

## There are five key capability areas

1. Knowing yourself and relating to others

2. Applying Clinical Knowledge and Skill

3. Managing complex and long-term care

4. Working well in organisations and systems of care

5. Caring for the whole person and the wider community

[See Appendix 1 for mapping](#Appendix_1)

You will see that the core Capabilities described on the ePortfolio have been grouped into one of the Capability areas.

**The previous OOH Competencies have in effect been replaced by the need to show Capability in the context of the Urgent and Unscheduled Care Clinical Experience Group.**

Whilst it is recognised that knowledge and skills needed to develop urgent and unscheduled care capabilities may be gained “in hours” and in varying secondary / community / urgent care services (such as duty doctor in the day dealing with urgent medical problems or unscheduled bookings at an extended access hub), there remain particular features more likely encountered in a primary care urgent care setting that require specific education focus. Thus, to gain experience of, for example, working in isolation and with relative lack of supporting service GP speciality trainees **will need significant opportunities to develop these capabilities in Out of Hours Services / primary care based urgent / unscheduled care provider organisations.**

So there should be a significant body of evidence for capability in UUSC provided **from sessions in OOH and Primary Care based Urgent/ Unscheduled care to demonstrate Capability in the Urgent and Unscheduled Care Clinical Experience Group.**

[**See UUSC learning outcomes Record**](#Appendix_2)

Additional evidence of capability may be provided from other settings as described below but a GPStR is unlikely to be rated as Capable in UUSC in the final ESR and be recommended for CCT at ARCP without a significant body of evidence for each capability being provided from sessions in the OOH and Primary Care based Urgent/Unscheduled care setting.

It may be possible to demonstrate the OOH competences/capabilities in less than the one 4-6 hour session a month previously required but it may also be the case that the ES feels additional sessions are required if they assess their Educational Supervisee as needing further development in any particular competence(s). Such a requirement should be set out as part of the Action Plan from an ESR if there is judged to be insufficient evidence provided at the end of a review period. **In any case the GPStR must meet their contractual requirements regarding OOH sessions with the educator assessment focusing on assessing their Capability in the Urgent and Unscheduled Care Clinical Experience Group.**

## Observational Sessions

Session types may be **Observational**, counting towards an **Educational Session** in the COGPED working week

**Observational Sessions**

Enable GP Speciality trainees to **KNOW** about services contributing to urgent & unscheduled care.

Sessions guidance:

* Typically, sessions will take place during ST1/ ST2 general practice placement, not hospital placements, but could be utilised in ST3 to fulfil an identified learning need.
* Sessions are advised to avoid regular repetition in any given service in a trainee’s individual programme.
* Include educational sessions such as induction programmes to urgent / unscheduled care providers, telephone triage and urgent care orientated consulting skills courses.
* Trainees do not assume any responsibility for the management of patients / clients of the service.
* The time allotted to these sessions should be considered to be counting towards “educational” sessions as described in the COGPED working week for those trainees working in England.

**OR**

## Direct/Near/Remote Clinical Session

**Direct** (Same room), **Near** (Same building) or **Remote** (Phone Support), counting towards a **Clinical Session** in the COGPED working week

**Direct Supervision Sessions**

These sessions enable the GP trainee to being developing their capabilities through the delivery of clinical service to patients in an urgent / unscheduled / out of hours’ and thus **KNOW HOW**  to delivery care.

Session guidance:

* Typically, will occur during ST1/ ST2 GP placements.
* Must be undertaken prior to a GP trainee delivering patient care in any out of hours / unscheduled or urgent care organisation.
* For a trainee progressing satisfactorily will make only a limited contribution to the overall experience
* The trainee does not take final clinical responsibility for any patient: this rests with the clinical supervisor.
* The time allotted to these sessions should be considered to be counting towards “clinical” sessions as described in the COGPED working week for those trainees working in England.

**Near Supervision Sessions**

These sessions enable the GP trainee to continue to learn experientially through supported delivery of clincial service to patients in an urgent / unscheduled/ out of hours setting.

Through such sessions trainees will be enabled to **SHOW HOW** they deliver such care.

Sessions guidance:

* May commence in ST1/ST2 and typically will occur during the ST3 year.
* The GP trainee consults independently but with timely access to a nominated clinical supervisor who can directly assess the patient in person.
* With their emphais on experiential learning and given the trainee’s role in delivering clincial service such sessions should be considered as contributing the clincial sessions of the COGPED working week for those trainees working in England.

**Remote Supervision Sessions**

Remote supervisions sessions support the GP trainee in demonstrating that they are approaching or have reached the full range of urgent & unscheduled care capabilities required for independent practice in the UK. Through these types of sessions, the trainee will demonstrate at the highest **DOES** level of Miller’s pyramid.

Session guidance:

* Will take place after a trainee has undertaken at least 6 months (FTE) of a GP training placement
* The GP trainee consults independently but can access help and advice promptly from a nominated clinical supervisor via telephone or other appropriate interface.
* Should be considered as contributing to the clinical sessions described in the COGPED working week for those trainees working in England.

Remote Supervision Sessions may be **undertaken only if the GP Trainer confirms their GPStR is capable of undertaking such sessions** as an Educator’s Note on the ePortfolio **and if such sessions are available through the OOH or Primary Care based Urgent/ Unscheduled care provider.**

## Hospital and GP Posts

Other experience may provide evidence of competence/capability but to repeat **there should be a significant body of evidence for each OOH competence provided from sessions in OOH and Primary Care based Urgent/ Unscheduled care.**

**For a Hospital Post:**

Experiences undertaken during routine 4-6 months speciality placements likely to contribute to developing generic urgent / unscheduled care capabilities include but are not limited to:

* A and E.
* Paediatrics – particularly experience gained in Emergency Assessment Units.
* Medicine including Medical Assessment Units.
* Psychiatry – experience gained through night/weekend working having particular resonance.

**For a GP Post:**

* “In Hours” Urgent and Unscheduled Services in GP practices including undertaking “Duty Doctor” sessions.
* GP Extended Hours where the service being provided includes provision of urgent appointments and is not limited to only encompass “routine” follow up of long term conditions.
* Urgent care / Treatment Centres
* Primary Care services delivered within a secondary / community care provider.

Out of Hours Log entries should be used to collate evidence of capability and, if in a GP post, the OOH session recording and feedback form should be attached to each session undertaken in the OOH or Urgent/Unscheduled primary care provider setting.

To assist the Educational Supervisor in assessing progress in the OOH capabilities they should collate their evidence on the OOH page of the NOE workbook for each ESR

# Appendices

**[Appendix 1](#Appendix_1)**

**Mapping Urgent and Unscheduled Care to the RCGP Curriculum capabilities**

**Context**

Working in urgent and unscheduled care requires the ability to manage common medical, surgical, and mental health emergencies. It is essential to understand the organizational aspects of NHS urgent and unscheduled care, both nationally and at a local level, and be able to make appropriate referrals to hospitals and other professionals. Communication and consultation skills need to be adapted to the different clinical contexts. Self-management including safety, time, and stress management are also important capabilities.

The table below provides guidance for trainees and trainers, as well as ARCP panels, in assessing appropriate urgent and unscheduled care experience. It highlights the relevant learning outcomes within the RCGP curriculum.

*Please note some are abbreviated. The list should not be considered exhaustive or exclusive, and these examples of learning outcomes should be considered in the context of the curriculum as a whole.*

**Area of Capability – 1. Knowing yourself and relating to others**

|  |  |  |
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| Core capability | Specific capability | Learning outcomes relevant to urgent care |
| **Fitness to Practise**    **Communication and Consultation** | Manage the factors that influence your performance    Establish an effective partnership with patients | * Comply with professional demands whilst showing awareness of personal needs and preserving your resilience and health
* Anticipate and manage factors that influence you day to day performance including your ability to perform under pressure.

 * Flexibly and efficiently achieve consultation tasks in the context of limited time or challenging circumstances, using a range of communication skills tailored to each patient’s needs in the clinical context.

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**Area of Capability – 2. Applying Clinical Knowledge and Skill**

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| **Data Gathering and interpretation**    **Clinical Examination and Procedural Skills**  **Making decisions****Clinical Management** | Apply a structured approach to data gathering and investigation Interpret findings accurately to reach a diagnosis   Demonstrate a proficient approach to clinical examination         Adopt appropriate decision-making principles     Provide general clinical care to patients of all ages and backgrounds  Adopt a structured approach to clinical management    Make appropriate use of other professionals and services   Provide urgent care where needed | * Make appropriate use of existing information about the problem and the patient’s context.
* Tailor your approaches to the contexts in which you work such as the predictive value of investigations

 * Demonstrate proficiency in interpreting the findings that may signify potentially significant health conditions requiring further action
* Recognise ‘red flags’ and indicators of high risk, responding promptly and effectively.

 * Perform and accurately interpret focused examination in challenging circumstances eg. Emergencies
* Demonstrate the ability perform a variety of procedures according to your training, working circumstances and capability, and the patients’ preferences
* Use equipment safely and effectively and in accordance with best practice guidelines eg. defibrillators

 * Recognise the inevitable uncertainty in general practice problem solving, sharing uncertainty with the patient where appropriate
* Develop skills in rapid decision-making required for managing urgent, unfamiliar, unpredictable and other high-risk clinical situations.

 * Develop the knowledge and skills to provide high quality, holistic and comprehensive care to patient’s who have needs that requires you to adapt your approach, such as acutely ill people.

 * Develop and implement management plans and monitor patients progress to identify unexpected deviations from the anticipated path.
* Give appropriate safety-netting advice
* Implement adequate follow-up arrangements
* Facilitate continuity of care eg. record keeping

 * Refer appropriately to other professionals and service

   * *See other learning outcomes*
* Develop and maintain skills in basic life-support and AED
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**Area of Capability – 3. Managing complex and long-term care**

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| **Managing medical complexity**        **Working with colleagues and in teams**    | Manage concurrent health problems in individual patients  Adopt safe and effective approaches for patients with complex health needs   Work as an effective team member      Coordinate a team-based approach to the care of patients | * Demonstrate a problem-based approach to identify, clarify and prioritise the issues to be addressed during an interaction with a patient with multiple problems.

 * Recognise that patients often present with problems that cannot be readily labelled or categorized. Evaluate how this uncertainty influences the diagnostic and therapeutic options available.

 * Seek advice from colleagues when encountering problems in following agreed protocols and policies.
* Routinely prioritise and manage personal workload in an effective and efficient manner, delegating appropriately to other team members

 * Demonstrate the capability to lead and coordinate care at a team level, and when appropriate, at a service level.
* Anticipate and manage the problems that arise during transition in care, especially at the interface of different healthcare professionals, services, and organisations. Be able to work across these boundaries.
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**Area of capability – 4. Working well in organisations and systems of care**

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| **Improving performance, learning and teaching****Organisational Management and Leadership** | Continuously evaluate and improve the care you provide    Adopt a safe and scientific approach to improve quality of care    Apply leadership skills to help improve your organisation’s performance    Make effective use of information management and communication systems    | * Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner.
* Engage in structured team-based reviews of significant or untoward events and apply the learning arising from them.

 * Follow infection control protocols
* Contribute to the assessment of risk across the system of care, involving the whole team in patient safety improvement
* Promote safety behaviours to colleagues and demonstrate awareness of human factors in maintaining safety and reducing risk

 * Acknowledge the importance to patients of having an identified and trusted professional responsible for their care and advocate this by acting as the lead professional when required.
* Recognise your responsibilities as a leader for safeguarding

 * Use systems effectively for clinical recording, referral and communicating with patients and colleagues
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**Area of capability – 5. Caring for the whole person and the wider community**

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| **Practising holistically, promoting health and safeguarding****Community Orientation** | Demonstrate the holistic mindset of a generalist medical practitioner   Safeguard individuals, families, and local populations    Understand the health service and your role within it.      | * Interpret each patient’s personal story in his or her unique context.
* Develop the ability to switch from diagnostic and curative approaches to supportive and palliative approaches as appropriate for the patient’s needs

 * Recognise how safeguarding concerns may present across a range of scales – individual, families, and populations.

 * Respond safely, promptly and effectively to the full range of safeguarding needs.

 * Recognise the role of a GP as first contact clinician, patient advocate, service navigator and gatekeeper.
* Identify how local services can be accessed and use this to inform your referrals
* Optimise you use of limited resources
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**[Appendix 2](#Appendix_2)**

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| Learning Outcomes |
| **Knowing yourself and relating to others** | **Applying clinical knowledge and skill** | **Managing complex and long-term care** | **Working well in organisations and systems of care** | **Caring for the whole person and the wider community** |
| **Fitness to practise:**Managing factors influencing performance**Communication:**Effective partnerships with patients | **Data gathering:**Structured approach to data gatheringInterprets findings accurately**CEPS:**Proficient approach to clinical examination**Making decisions:**Appropriate decision-making**Clinical management:**Structured approachAppropriate use of colleagues and services | **Managing medical complexity:**Manage concurrent health problems in individualsSafe and effective approach to complex health needs**Working with colleagues:**Work as an effective team memberCoordinate team-based approach to patient care | **Improving performance, learning and teaching:**Continuously evaluate and improve care you provideAdopt a safe and scientific approach to quality**Organisational management and leadership:**Apply leadership skills to improve performanceMake effective use of communication systems | **Practising holistically, promoting health, and safeguarding:**Demonstrate a holistic mindset of a generalistSafeguard individuals, families and local populations**Community Orientation**Understand the health service and your role within it. |
| **Evidence** | **Evidence** | **Evidence** | **Evidence** | **Evidence** |
| **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** |
| *Learning Log – Urgent and Unscheduled care log*  | *18.09.19* | *Learning Log – Urgent and Unscheduled care log* | *27.09.19* | *Learning Log – Urgent and Unscheduled care log* | *6.09.19* | *Learning Log – Urgent and Unscheduled care log* | *12.09.19* | *Learning Log – Urgent and Unscheduled care log* | *17.09.19* |
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