# UUSC FAQs to be accessible via the

**London GP School Website**

The guidance on Urgent and Unscheduled Care (UUSC - formerly OOH) requirements for GP STs has been updated as of **May 2019**

The new guidance moves away from ‘counting hours’ of UUSC work completed. Instead it puts the responsibility onto the ST to ensure full and comprehensive learning has been undertaken. It asks them to demonstrate this against six UUSC statements; see RCGP link below:

<https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Certification-files/Mapping-of-Out-of-Hours-competencies.ashx?la=en>

To aide learners, educational supervisors, UUSC clinical supervisors and others working with this new guidance we have produced the following ‘FAQ’s’. If you have ongoing queries or concerns after consulting the below then please get in touch with your local PDs or Patch AD.

**Why has the USSC guidance changed from ‘counting hours’ to competencies?**

The guidance reflects an overall move towards training designed around individual learners and their personal educational needs. It is recognized that different learning needs can be met in a variety of ways and at variable paces. Accordingly, it follows that simply counting hours may not correlate with the actual clinical experience and subsequent knowledge and competencies that are demonstrated. It is the intention that the new guidance will be more robust at ensuring all learners are fully competent in UUSC by CCT.

**How many hours of UUSC do ST3 trainees now need to complete during their training?**

The emphasis in the new guidance is on achieving competence. There is no longer a national minimum required number of hours of UUSC work trainees have to complete prior to CCT. However, to date it has been accepted practice that most learners need approximately 72 hours in ST3 to achieve competence in all aspects of UUSC. HEE London Deanery expects most learners will continue to work this amount with at least 48 hours of the 72 hours in ST3, being worked in traditional, approved UUSC settings.

If less than 72 hours is documented in the portfolio, Panel will expect the ES to make a note explaining why the trainee was unable to fulfil the recommended number of hours and evidencing why they are able to sign off the learner as competent in UUSC.

**Time spent working in UUSC is taken out of the learner’s clinical working week in the training practice and can be hard to accommodate on the practice’s clinical rota and can lead to the practice being short of appointments. Can you suggest how a practice can facilitate the learner gaining enough experience while balancing the administrative and clinical needs of the practice?**

The GP School expects educational supervisors, and their training practices, to support learner in UUSC. ESs should encourage learners to complete sufficient hours, despite the time off in lieu needed and impact on service provision.

It is however recognised that practices need to plan rotas, rooms and other logistics. The GP School would encourage learners to give a reasonable amount (to be agreed in each practice but usually of the order of 4-6 weeks) of notice for clinical time off in lieu (TOIL) due to urgent care shifts worked. If reasonable notice is given, we would expect practices to be able to accommodate this.

**Is the guidance different for less than full time (LTFT) trainees?**

LTFT learners need to demonstrate competence in all six UUSC care competencies by the end of ST3 as full time learners do. It is up to the learner, supported by their ES, to decide how they can achieve this, informed by the guidance above.

**Do ST1/2s need to do UUSC work?**

The new guidance does not make a formal stipulation as to what should happen over each of the three years of training but expects all learners to have achieved competence by the end of ST3. In order to achieve this we would suggest learners familiarise themselves with the breadth of UUSC in their area during their GP placements in ST1 or 2. This could include observation of others (which will count towards weekly educational time - see below) or experience working in urgent care providers (which may count towards weekly clinical time - see below). We would expect ST1/2 learners to arrange sufficient exposure such that they are ready to work with an UUSC provider in a patient facing capacity, taking clinical responsibility (see below) from the start of ST3 at the latest.

**Can a trainee spend time with paramedics, the crisis team or other allied healthcare professionals?**

The GP School considers time observing colleagues and teams who support GPs in offering UUSC a valuable element of training, particularly for learners who haven’t covered these areas in other aspects of their training. Observation, including sitting in with a GP and watching them consult, is considered *educational* and therefore counts towards this element of their working week i.e. TOIL should be taken out of educational time.

If the shift is with a non-NHS organization (eg sports event, homeless shelter etc) the experience may be used as evidence to demonstrate competence in UUSC for the final review. However, the **time** may not be claimed back from in hours NHS work. All shifts in ‘non-traditional’ settings must be agreed with the ES, sufficiently supervised and indemnified. It is the trainee’s responsibility to ensure these stipulates are in place.

**Is a trainee working under direct supervision (with a qualified GP in the room whilst consulting) doing clinical or educational work?**

If the learner is taking clinical responsibility for patient contact, regardless of the level of supervision, this is deemed clinical contact and should count towards this element of their working week i.e. TOIL should be taken out of clinical time.

**What has happened to the red/amber/green supervision categories? Do trainees still need to do a certain amount of each?**

The new guidance focuses on demonstration of competencies and purposefully doesn’t specify the type or level or supervision required to achieve this. Pragmatically it would be anticipated that learners start with direct supervision (GP and trainee in the same room while consulting) and move onto near supervision (GP in another room but same location as learner while consulting). It is expected that a learner is competent working in the UUSC setting independently without another clinician in the room during consultations prior to CCT.

Further to this it remains acceptable for trainees to work with remote supervision (GP and learner in different locations i.e. one on visit and one at base) as long as the supervisor and the learner agree that the learner is experienced enough to work with this level of supervision. With the new guidance however there is no expectation, or requirement, that working with remote supervision is necessary to achieve competency and therefore CCT.

**How does a supervisor and their trainee decide what level of supervision they should be working at on each shift?**

At the start of each shift the supervisor and learner should discuss the supervision level they both feel is appropriate.

Following discussion, the supervisor and learner will agree on a level of supervision. If there is any discrepancy between their wishes it would generally be expected that they would start the shift at the highest level of supervision requested, but then consider progressing to less supervision if both parties were happy following further discussions.

Factors to take into account are previous UUSC experience, level of supervision at in hours work at that time, familiarity with the provider set up/shift type/IT etc. The workload on the shift should not directly impact on the decision regarding supervision level given to the learner ie if it is busy this is NOT a reason to relax supervision if it would not otherwise have been felt to be appropriate.

**Can CBDs, COTs and audio COTs be completed during an UUSC shift?**

Work place based assessments should reflect the full scope of training. As a result we encourage trainees to complete a proportion of these assessment in the UUSC setting.

**Do learners need to keep a record all UUSC work completed and if so how and where?**

Yes, UUSC hours should still be counted and all shifts recorded:

The UUSC log sheet (see <https://www.lpmde.ac.uk/var/plqru/general-practice-primary-care-quality-management/resources-for-gp-educators-and-practice-managers>) should still be completed by a learner at the end of each UUSC shift. This form should then be signed by the UUSC clinical supervisor. The completed form should then be uploaded to the eportfolio as an OOH log entry.

**How will a learner demonstrate competency in UUSC?**

There are six UUSC competencies that need to be demonstrated**:**

[file:///C:/Users/user/Downloads/Mapping-of-Out-of-Hours-competencies%20(1).pdf](file:///C%3A%5CUsers%5Cuser%5CDownloads%5CMapping-of-Out-of-Hours-competencies%20%281%29.pdf)

Some elements of these could be achieved through duty doctor sessions in the in-hours practice, but it is anticipated that others will only be fully achieved through working shifts for an UUSC provider, outside the practice.

It is expected that to achieve competence, learners will have experienced working in all shift types including face to face (base shifts), telephone triage and visits. In most cases they will have experienced this in settings with access to patient records.

**What does a learner do if they have already done some OOH shifts under the previous guidance but will be assessed, and obtain CCT, after the new guidance is in place?**

It is likely that any hours worked under the ‘old’ system will help learners demonstrate the newly defined competencies. We suggest that learners midway through their ST3 year, discuss with their ES what competencies they both feel have already been achieved and consider this, perhaps with a note of hours worked to that point. Planning for the remainder of the year, to ensure competence is achieved in all areas of UUSC, may then take place.

**Who will decide if a learner is competent?**

The educational supervisor (ES) will review the portfolio, alongside discussion with the learner regarding their experience in UUSC settings. Once satisfied that the learner is competent in all areas of UUSC as above, the educational supervisor will sign off competence through the e-portfolio/educational supervisors report (as they do currently).

**If an educational supervisor (ES) doesn’t themselves work in the UUSC setting, how will they be confident that the trainee is competent?**

The UUSC shift records will capture feedback from the OOH supervisor. If there is concern or uncertainty would encourage the ES to speak to the clinical supervisors working with the learner in UUSC, or seek further advice from the GP School via their local PD team, or their Patch AD.