**FAQs – Urgent and Unscheduled Care (UUSC)**

**Background**

The guidance on urgent and unscheduled care (UUSC - formerly OOH) training requirements for GP trainees was updated as of 1.8.2019.

Trainees in Scotland are however still contractually required to work OOH shifts during their practice attachments. They are also required to demonstrate evidence of competence in UUSC by the end of their GP training.

To aide trainees, educational supervisors, OOH clinical supervisors and others working with this new guidance we have produced the following FAQ’s.

**Why have these changes been brought about?**

The way in which OOH Services are being provided across the UK is changing with a variety of models and providers. In addition, the contractual arrangements for GP trainees in the four countries of the UK are different. The current model for OOH training has had to adapt to take account of this.

**What are the key changes to OOH training?**

* In addition to the contracted hours obligation, trainees will need to provide evidence to demonstrate competency in their ability to deliver unscheduled care.
* Where general practitioners are not available on site, allowing the use of allied care practitioners to contribute towards trainee supervision as part of an effort to learn from and appreciate the skills held by these colleagues, considering their increased presence within OOH services with safeguards to ensure there is a qualified GP to whom issues can be escalated

**Do I still need to do OOH training?**

Absolutely. All trainees will still have to complete OOH training. In Scotland all trainees receive a pay uplift to reflect their contractual obligation to work 36 hours per 6 months whole time equivalent (WTE) in General Practice. Trainees still need to use the OOH setting to sign off appropriate competencies and all trainees must have the opportunity to experience delivery of OOH primary care in settings away from their usual place of practice.

**Why does the USSC guidance focus on competencies?**

The guidance reflects a move towards individual training designed around individual trainees and their personal educational and training needs. It is recognized that trainees have different learning needs and can meet them in a variety of ways and at variable paces. Trainees in Scotland have to work OOH shifts. However, new guidance will be more robust at ensuring all trainees are fully competent in UUSC by CCT.

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

In Scotland, GP trainees are contractually obliged to carry out 36 hours of OOH work for every 6 months WTE they are in General Practice. This equates to 72 hours OOH during their ST3 General Practice attachment. Trainees are paid an uplifted salary to reflect this contractual obligation.

**What if I am working less than full time (LTFT)?**

As a LTFT trainee the calculation of the number of contracted hours you have to work in your GPST1 and GPST3 placements will vary from your full time colleagues

Eg A ST1 trainee working at 80% in GPST1 post will be expected to do 29 hours of OOH work during that placement

A ST1 trainee working at 60% in GPST1 post will be expected to do 21 hours of OOH work during that placement

This usually means however that when LTFT your last GP placement will be longer than 12 months duration encompassing ST2 and ST3 training period when your out of hours commitment will be more than the 72 hours of your full-time colleagues. It is calculated at 6 hours per month WTE and you will be making up both the GP time and the contracted OOH time you did not complete in ST1.

**What if a trainee has demonstrated competence in UUSC but wants to continue to do more UUSC shifts to gain more experience and confidence?**

GP training is varied and individual with underlying key competencies that must be demonstrated. This is to allow trainees to take advantage of a broad range of educational experiences to prepare them to work as generalists, but also to enable them to adapt their training to meet their individual learning needs, special interests and future career plans. If a trainee feels the need to develop their UUSC experience and confidence further this should be documented in their PDP and would be supported by the Deanery. To do this they would be expected to be on track with demonstrating competency in all other areas of training in time for their scheduled CCT date.

In Scotland there is a separate policy to enable trainees to gather more OOH experience and be paid for undertaking extra OOH shifts.

**Is there a maximum number of hours trainees can work in the UUSC setting?**

There is no upper limit on the number of hours trainees can work in the UUSC setting so long as they adhere to the limits of safe working practice as detailed in their Contract of Employment and by the European Working Time Directive.

**Can evidence for UUSC competence only be obtained during OOH work?**

No. It is recognized that some clinical scenarios that take place during day-time working in General Practice may be valuable opportunities for trainees to gain UUSC experience.

For example, additional evidence of competency may also be gathered from -

* GP practices undertaking “Duty Doctor” sessions in-hours
* GP Extended Hours where the service being provided includes provision of urgent appointments and is not limited to only include “routine” follow up of long-term conditions
* Urgent Care / Treatment Centres

Also, it may be possible to include experience gained during hospital placements. Experiences undertaken during hospital placements likely to contribute to developing generic UUSC competences include but are not limited to:

* Emergency Medicine
* Paediatrics - particularly experience gained in Emergency Assessment Units
* Medicine including Medical Assessment Units
* Psychiatry – experience gained through night / weekend working having resonance

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

At the start of each OOH shift the supervisor and trainee should discuss the level of supervision they both feel is appropriate. The levels of supervision are: Observation of others; Direct Supervision; Near supervision; and Remote supervision.

In deciding the level of supervision, factors to consider 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 trainee i.e. if it is busy this is NOT a reason to relax supervision if it would not otherwise have been felt to be appropriate for that trainee.

**Can WPBAs be completed during an OOH shift?**

COTS and Audio-COTS in the UUSC setting can be completed only if the trainee’s supervisor is an accredited GP Educational Supervisor. CEPS assessments however can be completed by any GP supervisor familiar in using this assessment tool.

**Do trainees need to keep a record of all OOH work completed and if so how and where?**

Yes. GP trainees must log every OOH session as a **reflective learning log entry** in their e-portfolio under the Supporting Documentation heading so that it is easily visible by the ARCP panel and your Educational Supervisor. Use a relevant title and include a running total of hours carried out.

eg OOH shift 1 (cumulative total 6 hours)……OOH shift 8 (cumulative total 36 hours)

A completed [**Scotland Deanery Out of Hours Feedback Form**](https://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/gp-trainees-as-nes-employees/)must be uploaded for each session and attached to the learning log and an **OOH Summary Log-sheet completed at the end of the GP placement**

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

The Educational Supervisor will review the e-portfolio log entries and the OOH Feedback Forms, alongside discussion with the trainee regarding their experience in UUSC settings. Once satisfied, the Educational Supervisor will sign off competence through the E-portfolio / educational supervisors report. Evidence will also be reviewed at ARCP and an unsatisfactory outcome may be awarded if there is insufficient evidence of competence.

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

The e-portfolio will detail the evidence which the trainee feels demonstrates attainment of each competency. If there is concern or uncertainty, then we would encourage dialogue between the trainee and ES. If further clarification is sought, we would encourage the ES to speak to the OOH supervisors working with the trainee or from their local TPD team.

**Scotland Deanery Updated August 2024**