COGPED **RCGP SAC**

Supporting the Educational Attainment of Urgent and Unscheduled Care Capabilities in General Practice Specialty Training

Guidance Paper 2019

March 2019: for implementation from 1st August 2019

Introduction

In 2007 and 2010, the Committee of General Practice Education Directors (COGPED) provided guidance on the way GP Specialty Trainees might gain competence in the delivery of "Out of Hours Care" in order to meet the learning outcomes described within the Royal College of General Practitioners (RCGP) curriculum. It is noted that whilst guidance, over and above that described by the RCGP has not been written for other clinical areas of GP specialty training, training in the "Out of Hours" / Unscheduled & Urgent setting has and continues to present a number of unique operational challenges thus rendering guidance with respect to this area of practice as pertinent.

The RCGP curriculum continues to evolve to reflect the changing nature of health care: the latter now increasingly described through the paradigms of urgent & unscheduled care as distinct from planned care, rather than "in hours" and "out of hours" care. This direction of travel is noted across the four nations. [1234] Key capabilities pertinent to working in the unscheduled / urgent care setting have been articulated by the RCGP as including: the delivery of safe patient centred care, effective communication utilising the range of modalities encountered in delivering this care, maintaining continuity for patients and colleagues including co-ordination across services and enabling patient self-efficacy.

This guidance provides a framework based on generic educational principles, rather than being seen as a detailed specification. It is firmly rooted within the context of the RCGP curriculum and underpinned by the General Medical Council's standards related to education and training. [5]

The Guidance has been developed through COGPED and its adoption supported by the Specialty Advisory Committee for General Practice which is co-chaired by COGPED and the Royal College of General Practitioners. Stakeholders consulted in the production of this guidance includes The Curriculum and Work Place Based Assessment Groups of the Royal College of General Practitioners, The BMA GP Trainee Sub Committee and COPMED.

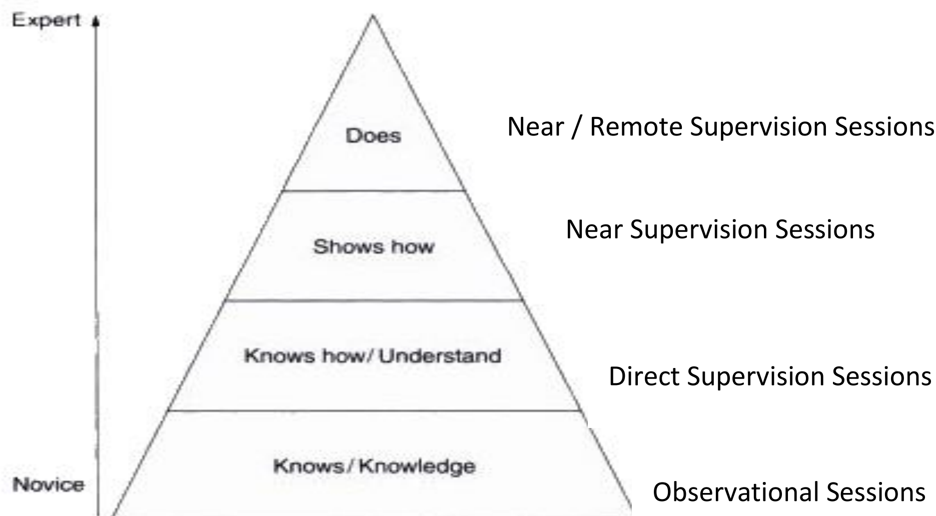
Overarching Principles

This paper supports the premise, articulated by the RCGP that the generalist role of the GP should be maintained and that newly qualified GPs have the requisite capabilities to work across the full spectrum of primary care as delivered in all four nations of the UK.

Whilst it is recognised that knowledge and skills needed to develop urgent and unscheduled capabilities may be gained "in hours" and in varying secondary / community / urgent care services there remain particular features more likely encountered in a primary care urgent care setting that require specific educational focus. Thus, to gain experience of, for example, working in isolation and with relative lack of supporting services GP specialty trainees **will need significant opportunities to develop these capabilities in Out of Hours Services / primary care based urgent /unscheduled care provider organisations.**

Whilst there are specific requirements as to the time to be spent in GP specialty training (including minimum requirements for both primary and secondary care) to allow for the development of the core capabilities the individual clinical placements comprising a three-year training programme vary. This, together with the potentially different rates at which capabilities are attained, may lead to differing lengths of time being spent in Out of Hours / urgent & unscheduled primary care by trainees "Time served" should not be seen as the model against which to define the attainment of urgent & unscheduled care capabilities.

Developing Capabilities – A Guide



Miller's pyramid of clinical competence[6] is a well-established model used for articulating levels of competence / capability. Adapting this framework provides a useful construct through which to map the type of opportunities and experience that can contribute to the attainment of capabilities

(The above schematic should not be interpreted as a literal translation as to the balance of types of session on a trainee's journey to achieving urgent/unscheduled/OOH capabilities)

Observational Sessions

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

Direct Supervision Sessions

These sessions enable the GP trainee to begin developing their capabilities through the delivery of clinical service to patients in an urgent / unscheduled / out of hours' and thus **KNOW HOW** to deliver 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 clinical service to patients in an urgent / unscheduled / out of hours setting. Through such session’s trainees will be enabled to **SHOW HOW / DOES** they deliver such care. Session 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 emphasis on experiential learning and given the trainee’s role in delivering clinical service such sessions should be considered as contributing to the clinical sessions of the COGPED working week for those trainees working in England.

Remote Supervision Sessions

Trainees may be offered opportunities to experience working with remote supervision whilst still in training as preparation for independent practice, but it is not a requirement prior to CCT.

Through these types of sessions, the trainee will demonstrate working at the **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 and the trainee has gained appropriate experience of working under near supervision at ST3
- 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.

Other Experiences

Knowledge and skills relevant to attaining urgent care capabilities can be attained through learning undertaken in both hospital placements and GP placements but alone will be insufficient to address the full range of urgent & unscheduled / out of hours’ capabilities.

Experiences undertaken during routine 4-6 months specialty 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

How such sessions may contribute to the development of urgent & unscheduled care capabilities would be expected to form the basis of a discussion between the GP trainee and clinical supervisors during these routine placements and where appropriate with the educational supervisor.

GP trainees will need to gain experience in GP / primary care settings to develop the requisite capabilities to work across the OOH /urgent / unscheduled spectrum of care. It is recommended this experience is mixed   with no one type of experience being sufficient. As noted earlier it would not be possible to develop the full range of capabilities without significant exposure in urgent / u scheduled / OOH settings. Those experiences undertaken during the GP placement component of speciality training that are most likely to fulfil this requirement include but are not limited to:

- "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

Developing Capabilities – Summary

Trainees must be able to demonstrate that they have met the intended learning outcomes relating to urgent / care by CCT. However:

- There is no specific urgent / unscheduled / OOH experience / activities in relation to observational sessions which are mandatory for trainees to undertake.

- There are no specific types of near and remote supervision sessions that   are mandatory for trainees to undertake and without which "capability" could not be deemed to have been achieved.

- There is no specific requirement to have undertaken remote supervision sessions prior to CCT

Supervision in Urgent / Unscheduled / Out of Hours Primary Care Sessions

The Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide) [7] defines the role of supervisors as:
Clinical Supervisors – *"are trained and selected appropriately to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement"*

In Scotland clinical supervision in the urgent / OOH setting may be undertaken by a supervising clinician. Supervising clinicians are those who have been identified locally for this role but are not listed as named clinical supervisors by the GMC.

Educational Supervisors – *a named trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements and is jointly responsible with the trainee for the trainee's educational agreement."*

GP trainees must be afforded supervision commensurate with their level of proficiency, as determined by their Educational Supervisor (GP Trainer) to maintain both their own and patients' safety. A trainee should not move to a differing level of supervision without appropriate confirmation from the Educational Supervisor.

The educational supervisor (GP trainer) will ensure the trainee has clear expectations as to what to expect from supervision and specifically that they be aware of their own scope of practice and to not act beyond this should a supervisor seek medical advice from them.

There should be a clearly defined process within the Urgent / Unscheduled / OOH Service to ensure that the GP trainee is made aware of the supervisory arrangements and how these will be enacted: this should include clarity as to which individual is their nominated supervisor for the session.

There should be a clearly defined process for monitoring the safety of trainees when working remotely visiting patients at home or in other locations.

Those supervising GP trainees in sessional placements should understand both the context and purpose of the session. To better enable this discussion between the GP trainee and educational supervisor prior to the session and between the trainee and the OOH supervisor at the start of the session would be expected.

Trainees on an observational session should have a nominated "session host" available throughout the session.

GP trainees undertaking direct, near and remote sessions should have an identified individual who will, (for the duration of that session) have the lead responsibility for ensuring the safety of both the trainee and patients and who has been appropriately trained: the clinical supervisor. Such supervision should include:

- Sufficient time to enable clinical discussion in the case of "direct supervision" for each patient seen and in "near" and "remote" supervision as requested by the trainee
- A proactive approach by the supervisor to supporting / monitoring he trainee during the session
- Informing the GP trainee of any change in the supervision arrangement
- A discussion at the end of the session sufficient to allow for review of cases the GP trainee wishes to discuss and to enable the provision of feedback.

It is recommended "observational session hosts" and clinical supervisors are practiced within their sphere of work, have no identified performance concerns and have sufficient knowledge and understanding of their organisation and its role within the local NHS system.

Clinical supervisors should have undertaken training sufficient to enable them to meet the competency framework for medical educators (clinical supervisor) as described by the Royal Academy of Medical Educators. [8] Specifically, they should:

- Ensure safe and effective care through their supervision of the GP trainee
- Create a clinical learning environment that is safe and conducive for learning

- Provide direct guidance on clinical work being undertaken by the trainee
- Provide constructive critical feedback
- Reflect critically on their own performance as a clinician and educator through seeking feedback from trainees, through annual appraisal and through undertaking re-approval as an educator as required by their own professional body

Training of clinical supervisors may be undertaken through a variety of pathways, but Postgraduate Departments of Primary Care / Deanery should be able to be assured it meets the above criteria.

A GP should always be the preferred provider of supervision. Only when absolutely necessary, urgent & unscheduled services can utilise appropriately trained other NHS professionals to provide clinical supervision HOWEVER they must work within their own sphere of practice when supervising, adhering to escalation and other organisational policies and not seek medical advice from the GP trainee. Where GP trainees are being supervised by other NHS professions, they should be able to access advice and guidance from the lead GP providing medical support for the service during the trainee's shift.

Observational session hosts and clinical supervisors should be aware of the appropriate pathways to raise concerns should they identify significant performance concerns in relation to a GP trainee's clinical capabilities and professional behaviours. Such reporting would include GP trainee non- attendance at a booked session. To support this, it is recommended that placement providers have a nominated lead to work with similarly nominated GP specialty training leads for primary care based urgent / unscheduled / out of hours.

Where the educational supervisor has specific concerns about a GP trainee, they must ensure that any urgent / unscheduled care / OOH host provider has been informed about these concerns.

Supporting Trainees in their Development of Capabilities

To support the learning process sessions in primary care urgent / unscheduled / OOH settings it is recommended they be evenly spaced throughout GP ST1 / ST2 and ST3 GP placements. When planning placements, working time directives and / or contractual arrangements such as length of working time and compensatory rest which can adversely impact on the quality of the unscheduled / urgent care and routine learning in the GP placement need to be afforded due attention.

For observational placements whilst there is no requirement for a formal induction as trainees are present with the session supervisor at all times and not undertaking clinical delivery of care the organisation should afford a "duty of care" commensurate with that provided to employees of said organisation would be anticipated.

Urgent & unscheduled care providers offering clinical sessions to GP trainees should offer appropriate induction and undertake direct supervision prior to delivering care and a "duty of care" should be afforded as described above.

To support trainees in arranging sessions there should be sufficient administrative support within the Primary Care urgent / unscheduled / OOH organisations to facilitate this process. Such processes should afford GP trainees time to enable them to balance their commitment to their professional and other roles

The provision of feedback is a requisite for learning and it is thus advised that: as well as that feedback required to ensure patient safety during sessions opportunities are afforded to GP trainees by their clinical supervisors to support them in this learning. A clearly identified process and appropriate time should be afforded to supervisors to enable this during AND at the end of the session.

Throughout hospital placements trainees should be supported by the placement (clinical) supervisors who can guide a trainee as to the opportunities within the placement available that can contribute to the development of urgent / unscheduled care capabilities.

Throughout GP placements there should be opportunities to review learning pertinent to urgent / unscheduled capabilities.

Processes to enable trainees to feedback on their OOH / urgent / unscheduled care experience should be clearly signposted.

Quality Management

Postgraduate Departments of Medicine / Deaneries are responsible for the quality management of placements for doctors in training ensuring the quality standards set by the General Medical Council are delivered.

Out of Hours, services based within primary care have fallen within the quality management function of the Postgraduate Departments of Primary Care / Deaneries but with integrated models of care GP trainees may undertake clinical sessions in providers which straddle traditional primary / secondary care boundaries. Responsibility for educational governance in such circumstances need to be clearly defined.

Whilst quality assurance standards are subject to revision the core principles pertinent to decision making around the placements of GP trainee doctors in urgent / unscheduled placements remain focused on patient and trainee safety underpinned by sound educational, clinical and organisational governance. [5] In addition to the standards as requirements for "programme" and "location" approval should be considered by Postgraduate Departments of Medicine / Deaneries.

Postgraduate Departments of Medicine / Deaneries across the four nations discharge their responsibility for quality management within the operational frameworks pertinent to their organisation/ countries, including the quality management of primary care urgent / unscheduled / OOH sessions / placements. Such approaches include regular review or risk based often supported by evidence from the organisation's self – evaluation.

The provision of primary care based urgent / unscheduled / OOH care sessions / placements should be underpinned by a Memorandum of Understanding or equivalent. Such memoranda should be reviewed regularly in accordance with the terms and conditions

Postgraduate Departments of Primary Care / Deaneries have a responsibility to approve the training of clinical supervisors in primary care urgent / unscheduled / OOH organisations providing sessions / placements for GP specialty trainees.

- Those GPs providing direct, near and remote supervision to GP trainees undertaking clinical placements in a primary care urgent / unscheduled care setting will need to have undertaken training sufficient to enable them to meet the competencies described in the medical educator's competency framework. [8]
- Postgraduate Departments of Primary Care / Deaneries may undertake training for supervisors:

- Where such training is not provided by the Postgraduate Department of Primary Care / Deanery the nature of any training programme provided by the Clinical placement provider will need to be approved by the Postgraduate Department of Primary Care / Deanery in advance of any such training being commissioned / utilised

Postgraduate Departments of Primary Care / Deaneries are responsible for the training of educational supervisors (GP trainers. GP educational supervisors are accredited through the quality management frameworks of their Postgraduate Deanery with reference to national and local processes. All GP educational supervisors are registered with the GMC.

Medico-Legal

GP trainees are subject to the normal processes of clinical governance, General Medical Council (GMC) regulations and civil law. Their contract of employment will remain with the GP Training Practice or a Lead Employer whilst undertaking observational or clinical sessions with a host organisation.

In the context of out of hours or urgent & unscheduled care training indemnity arrangements may vary according to whether doctors working in the organisation are covered by NHS indemnity or clinicians are required to hold personal indemnity. In circumstances where NHS indemnity is provided GP trainees should recognise that additional personal indemnity is strongly advised.

In Scotland medical indemnity is provided by CNORIS Crown Indemnity scheme. Additional personal indemnity is required. The following statement outlines the position: "As an employee of NES your indemnity will be provided by CNORIS. However, there are other professional activities which may not be covered by CNORIS. You must maintain membership of a recognised medical defence organisation or insurer for these purposes. You are required to produce evidence to NES in the form of original documents of such full medical defence organisation or insurer cover before commencing duties"

In primary care based urgent & unscheduled care services where personal indemnity is required medical indemnity organisations usually indicated that a GP trainee standard membership will provide then with indemnity for the work they undertake as part of this work, but this should be confirmed by GP trainees with their individual provider.

GP trainees should not undertake direct, near or remote clinical sessions in urgent / unscheduled / OOH care providers unless they are in a GP placement, nor whilst on sick leave, maternity leave (unless with prior arrangement with their indemnity provider) nor whilst Out of Programme, as defined by the Gold Guide.[7]

As models of urgent and unscheduled primary care continue to develop there will be an on-going need to keep the situation regarding medical indemnity under review and providers will need to ensure that their insurance is adequate to cover their own liabilities in connection with the work done for them by GP StRs.

GP trainees are not advised to assume responsibility for the supervision of other health care professionals whilst undertaking clinical work in an unscheduled / urgent care / OOH setting.

GP trainees must ensure they have completed all due employment processes prior to undertaking both observational and clinical sessions including having had an enhanced DBS check, meet occupational health requirements and have undertaken required safeguarding training.

Review

The Specialty Advisory Committee recognises that the delivery of urgent & unscheduled care continues to evolve as does the RCGP GP curriculum. The guidance in this document will continue to be reviewed in the light of this.

References

1 Purt T.Bowen R. (2011) *Ten High Impact Steps to Transform Unscheduled Care*. Unscheduled Care Board Welsh Government
2 Scottish Government (2016) *6 Essential Actions to Improving Unscheduled Care* at http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/UnscheduledCare/6-Essential-Actions-To-Improving-Unscheduled-Care (accessed 19.3.17)
3 College of Emergency Medicine (2014) *Recommendations for Unscheduled & Emergency Care in Northern Ireland*
4 NHS England (2015) *Transforming Urgent and Emergency Care Services in England*
5. General Medical Council (2015) *Promoting excellence: standards for medical education and training.*
6 *Miller G.E. (1990)* The assessment of clinical skills/competence/performance. *Acad Med* 1990: S63-7.
7. The Gold Guide (2018) *A Reference Guide for Postgraduate Specialty Training in the UK* 7th Ed
8. Academy of Medical Educators (2010) *A framework for the Professional Development of Postgraduate Medical Supervisors*

Appendix 1 Urgent / Unscheduled Care Short Answer Questionnaire

This short answer questionnaire has been adapted from the Canbury Emergencies in General Practice Questionnaire. It can be used to assess knowledge of both common conditions and medical emergencies that may present in OOH / urgent and unscheduled clinical practice.

The questionnaire can be conducted either as an oral or written assessment.
For each scenario the following questions should be asked:
1. What is your diagnosis
2. What is your differential diagnosis
3. How would you manage this scenario in an urgent / unscheduled / OOH situation

Cardiovascular system

- 78yr man SOB at night in winter
- Middle-aged man, central chest pain and refers to left arm
- 27yr woman with sudden onset of pleuritic pain and haemoptysis
- 58yr sudden onset painful, cold pale leg
- Faintness, abdominal and back pain in 81yr man
- 41 yr woman with sudden onset of occipital headache
- 21 yr woman unilaterally painful swollen lower leg
- 33yr man sudden onset unilateral headache
- 61yr female increasingly severe chest pain and shortness of breath over a few days
- 66yr female palpitations and breathless

Gastrointestinal

- 28 yr old man with haematemesis after stag night
- Worsening abdominal pain in a 46yr old man with history of dyspepsia
- Vomiting in a 6-week baby boy
- Blood stained diarrhoea in 70 year old
- Severe bleeding PR in 51yr old woman
- Abdominal pain after minor RTA in 33yr old
- 44-year-old woman with right upper quadrant abdominal pain and fever
- 14 yr old boy with severe abdominal pain and vomiting
- Diarrhoea and vomiting 26yr old woman for 48hrs
- Diarrhoea and vomiting 6yr old boy with fever

Orthopaedics

- 18 month old refusing to walk
- 14 year old with painful hip
- 75 year old lady unable to move one leg
- 49 yr man with back pain and unable to pass urine
- 3yr old girl with painful arm and not moving her elbow
- 22yr old footballer with tender swollen ankle

Ophthalmology

- 30 yr old man with sore eye after changing car exhaust
- Severe painful eye with vomiting in 50y old woman

Respiratory

- 3yr old feels hot, looks ill, breathing sounds chesty, quiet
- Chest pain in 33yr man, sudden onset of breathlessness

- Hot, sweaty child, sore throat and dribbling, unable to swallow
- 5yr old boy with fever and earache
- Acute shortness of breath in 78yr woman known to have COPD
- 4yr old girl has just woken up struggling to breathe and barking cough
- Cough and chest pain with haemoptysis

Obstetrics and Gynaecology

- 28 week pregnancy with slight pv bleed
- 36 week pregnant with headache & oedema
- 15 year old with heavy and painful blood loss
- 28 week pregnant with chest pain
- IUD / IUS fitted today, now has abdominal pains
- 32yrs iliac fossa pain, period late
- 17yr brown PV discharge and pelvic pain
- 21yr foul smelling PV discharge, feeling faint & fever

Neurological

- 39yr woman sudden onset of severe occipital headache
- Unexpectedly confused 80yr lady, more than a week after a fall
- A pyrexial twitching child
- Pyrexial child with mottled rash
- 59-year-old woman 1 hr history of weak right arm

Urological

- 39yr man with agonising loin pain
- 28 yr cyclist with pain in left testicle for past hour
- Elderly man has not passed urine for 12 hours
- Child with vomiting and rigors
- 18 yr man swollen penis for 6 hours

Psychological

- Agitated, excited young man talking nonsense
- Withdrawn morose nurse with access to insulin
- 34yr old man who split up with girlfriend, has been drinking & now threatening suicide
- 42yr schizophrenic man increasingly agitated & aggressive

Miscellaneous

- Expected death of a 90 yr old woman in a nursing home
- Unexpected death of 67 yr old man at home, history of angina