

Induction for ST1 trainees Oxford

Urgent and Unscheduled Care (UUSC) (previously Out of Hours OOH) requirements.

Introduction:

- GP trainees are required to demonstrate their capability to work in urgent and unscheduled care
- This needs to be developed and demonstrated throughout your whole training programme – developing evidence in GP and hospital posts.
- Technically in primary care there is no minimum number of hours required. However locally it is expected that at least 48 hours will be needed to demonstrate the UUSC capabilities / clinical experience group thoroughly.
- 48 hours is for full time ST3 (pro rata for everyone else)
- The ARCP panel will still be looking at total number of hours done to be able to get an idea of experience gained.
- Trainees are expected to log the number of hours done in the e-portfolio. Please also complete the entries to demonstrate you are meeting the competencies.
- The type of session you will have in OOH will be according to your level of progression (we are still using traffic light system in Oxford)
- You will need to show progression through all the colours / types of session to demonstrate competency

FAQs

Where does OOH care take place?

East Oxford Health Centre, Cowley, Manzil Way.

Abingdon Community Hospital

Witney Community Hospital

Townlands Community Hospital (Henley)

How do I book OOH get started and then book UUSC shifts?

1. Email Karen – urgentcareregistrars@oxfordhealth.nhs.uk to get started / complete paperwork / risk assessment.
2. You will receive an email from a volunteer trainee with further details on how to book She/he is available oxfordshire.ooh.coordinator@gmail.com She/he will email you once a month to give you the opportunity to book shifts Please follow her/his instructions for booking and cancellations.

What are the UUSC Capabilities?

Please look at RCGP website.

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/urgent-and-unscheduled-care.aspx>

The clinical experience group of UUSC incorporates all 13 professional capabilities, grouped into 5 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

There is a helpful log sheet on the link above which you can use to build evidence of capability coverage.

What counts? How do I gather evidence of the capability?

Obviously working in an OOH primary care setting is very important – there are unique factors in OOH that cannot be replicated elsewhere (e.g. services available, lack of access to full records)

Other settings however can help you to build your picture of competency:

E.g. duty doctor sessions in practice

Working in A&E, Paeds, on call Psychiatry, Medical on call / Medical admissions unit (AAU)

What about Innovative UUSC?

You can organise innovative UUSC. It is mostly observational so would expect more to be done in ST1/ST2.

Examples include working OOH with:

South Central Ambulance Service

Duty psychiatry, CPN, crisis teams.

Palliative Care/ Sobel / MacMillan services

Prison medicine

Walk in clinics / Minor injuries centres

How do the sessions work and how does this relate to the traffic lights?

4 types of sessions:

1. Observational Sessions (helps you to 'KNOW' about services contributing to UUSC)- you watching supervisor
2. Direct Supervision Sessions (Enable you to begin to develop your capabilities i.e. KNOW HOW to deliver care) – supervisor watching you
3. Near Supervision Sessions (help you to learn experientially, enable you to SHOW HOW) – working alongside supervisor
4. Remote Supervision Sessions (optional) – supervisor available on the end of the phone

Technically the traffic lights have been replaced but essentially red =1/2, Amber=2/3, Green=3/4

Who decides what type of sessions you can do? – Your ES (or CS potentially) with discussion with you – they should make a record in educators notes on your portfolio

COTs can be done during a shift if your supervisor is trained to use WPBA tools

DURING/AFTER A SESSION:

- Check level of supervision that has been arranged and establish learning objectives for session
- Identify if any opportunities for WPBA during session
- At end of session complete session record with capabilities demonstrated / sign off by OOH supervisor (session record form can be found on RCGP link above)
- Show your ES (or CS) in practice you sessional record - agree learning objectives for next session (can make PDP entry)
- Upload session to e-portfolio / write log entry - with a running total of hours/linking capabilities.

What do I need to do as an ST1/2, and then ST3?

ST1/ST2 – largely observational shifts. Please get started ASAP as you only have 6 months (even less if you in GP at the moment as we haven't got started post COVID yet) (24 hours minimum)

ST3 – Would be expected to progress from Direct sessions – to at least Near supervision sessions. (48 hours minimum)

Please try and space out your shifts- this makes it easier for you but also helps you develop the competencies in a logical way.

Try and do a mix of sessions – Base (telephone and face to face consulting), home visits. Also working in a range of bases will help you understand challenges in urban v rural areas.

Please discuss with your CS / ES how you will claim your time back in practice / meet working time requirements.

Further information available at:

<https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/Curriculum-Topic-Guides-300819.ashx?la=en>

Page 47 – detailed information on learning objectives / curriculum guide.

https://heeoee.hee.nhs.uk/general_practice/gp-trainees/urgent-and-unscheduled-care

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