COGPED

Committee of GP Education Directors

COGPED Position Paper

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

Guidance Paper 2026

Introduction

In 2007, 2010 and 2019, the Committee of General Practice Education Directors (COGPED) provided guidance on the way Resident Doctors in GP Training might gain competence in the delivery of 'Out of Hours Care' to meet the learning outcomes described within the Royal College of General Practitioners (RCGP) curriculum[1]. 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" / Urgent & Unscheduled setting has a unique perspective thus rendering guidance with respect to this area of practice as relevant. It is also pertinent to note that since the 2019 guidance was written, the RCGP has implemented a new curriculum, the Covid-19 pandemic has had an impact on the way primary care access is delivered and there are new models of out of hours provision that may not be conducive to support GP training.

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. Key capabilities pertinent to working in the urgent and unscheduled 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, applying the appropriate legal frameworks in urgent situations 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[2].

The Guidance has been developed and ratified by COGPED.

It is important to note that across the Four Nations and Defence Deaneries there are variations in relation to employment arrangements, indemnity arrangements and contractual arrangements for GP Resident Doctors. These will impact on urgent and unscheduled care provision and Training in this regard. All guidance within this paper is therefore subject to the specific contractual requirements that Resident Doctors in GP training are working under within the location in which they are based.

Overarching Principles

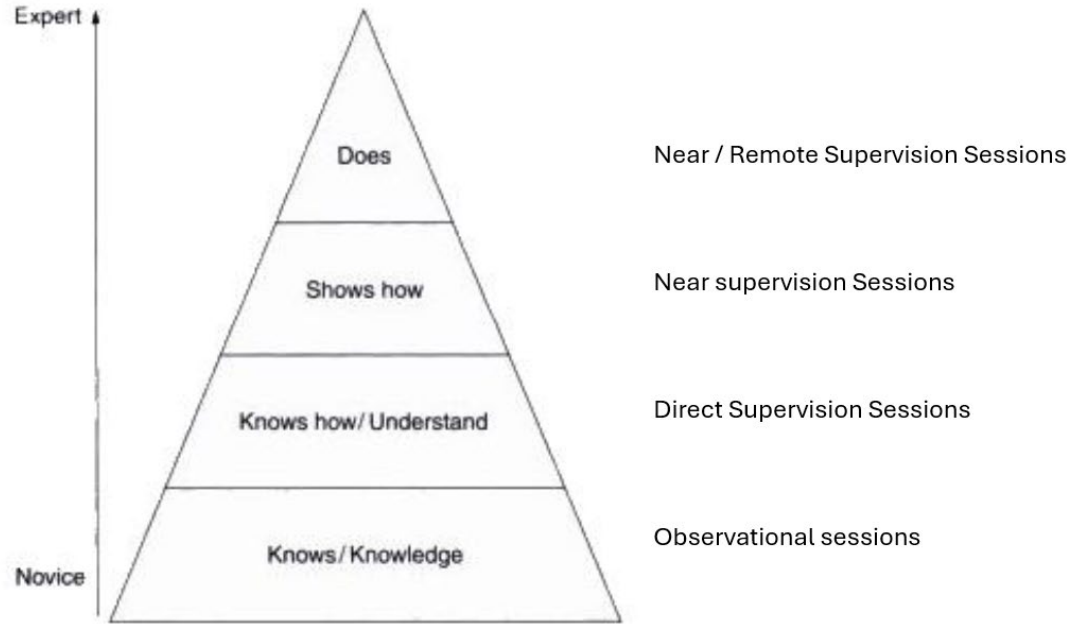
This paper supports the premise, articulated by the RCGP that the generalist role of the GP should be maintained.

Whilst it is recognised that knowledge and skills needed to develop urgent and unscheduled capabilities may be acquired and enhanced in 'out of hours' settings, the minimum standard for urgent and unscheduled capabilities may be acquired through the appropriate secondary care posts and within General Practice during "in hours" exposure. Hence, it is not a requirement for Resident Doctors in GP training to undertake Out of Hours work through an Out of Hours provider to achieve capability in urgent and unscheduled care. **However, some working contracts or memoranda of understanding across the four nations may stipulate that a minimum number of hours should be undertaken with out of hours providers at different stages of training, these contractual requirements take precedence and must be met.**

Additionally, there is no specific requirement as to the total time spent in GP specialty training, as GP training is a competency-based training programme. Training programme construction currently recommends 18-24 months of GP training posts within a 36-month training programme, thus adequate exposure for urgent and unscheduled care capabilities may be acquired from secondary care posts as well as GP training posts.

Developing Capabilities – A Guide

Miller's pyramid of clinical competence 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 below schematic should not be interpreted as a literal translation as to the balance of types of session on a Resident Doctor in GP Training's journey to achieving urgent and unscheduled care capabilities*)



Observational Sessions

Enable Resident Doctors in GP Training to KNOW about services contributing to urgent & unscheduled care. Session guidance:
• Typically, sessions will take place during an ST1 general practice placement.
• Sessions should not ordinarily be repeated on a regular basis within any single post as part of a Resident Doctor in GP Training's individual programme. However, where out of hours sessions are undertaken throughout the duration of training, observational sessions may be repeated as a refresher.

• Educational sessions such as induction programmes to urgent and unscheduled care providers, telephone triage and urgent care orientated consulting skills courses may be included.
• Resident Doctors in GP training do not assume any responsibility for the management of patients / clients of the service whilst undertaking observational sessions.
• The time allotted to these sessions should count towards “educational” sessions as described in the COGPED working week for those Resident Doctors in GP Training working in England.

Direct Supervision Sessions

These sessions enable the Resident Doctor in GP Training to begin developing their capabilities through the delivery of clinical service to patients in an urgent and unscheduled care setting and thus KNOW HOW to deliver care. Session guidance:
• Typically, will occur from ST1 in a GP placement or in ST3 (England and Wales), ST2 or 3 (Northern Ireland) or throughout training (Scotland) if undertaking out of hours work.
• For Resident Doctors in GP Training for whom a set number of GPOOH sessions is not contractually mandated, it is recommended they undertake on call shifts in hours in previous GP training placements prior to undertaking out of hours work. This recommendation is not applicable in Scotland where Resident Doctors in GP Training complete 36 hours of Out of Hours work in ST1.
• The Resident Doctor in GP Training does not take final clinical responsibility for any patient during directly supervised sessions, this rests with the clinical supervisor/supervising clinician.
• The time allotted to these sessions should be counted towards “clinical” sessions as described in the COGPED working week for those Resident Doctors in GP Training working in England.

Near Supervision Sessions

These sessions enable the Resident Doctor in GP Training to continue to learn experientially through supported delivery of clinical service to patients in an urgent and unscheduled setting. Through such sessions Resident Doctors in GP training will be enabled to DEMONSTRATE HOW they deliver such care. Session guidance:

• Typically, will occur from ST1 in a GP placement or in ST3 (England and Wales), ST2 or 3 (Northern Ireland) or throughout training (Scotland) if undertaking out of hours work.

• The Resident Doctor in GP Training consults independently but with timely access to a nominated clinical supervisor/supervising clinician who can directly assess the patient in person.

• With their emphasis on experiential learning and given the Resident Doctor in GP Training's role in delivering clinical service, for those Resident Doctors in GP Training not contractually required to undertake a set number of hours in a GP out-of-hours setting, near-supervision sessions should be considered as contributing to the clinical sessions of the COGPED working week.

As noted above, the working contracts or memoranda of understanding across the four nations may stipulate a minimum number of contractual hours that are not part of the COGPED working week and where this is the case the requirements of the relevant working time directives should be met.

Remote Supervision Sessions

Resident Doctors in GP Training 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 Resident Doctor in GP Training will demonstrate working at the DOES level of Miller's pyramid. Session guidance:

• Will take place after a Resident Doctor in GP Training has undertaken at least 6 months (FTE) of a GP training placement and the Resident Doctor in GP Training has gained appropriate experience of working under near supervision at ST3.

• The Resident Doctor in GP Training consults independently but can access supervision promptly from a nominated clinical supervisor/supervising clinician via telephone or another appropriate interface.
• With their emphasis on experiential learning and given the Resident Doctor in GP Training's role in delivering clinical service, for those Resident Doctors in GP Training not contractually required to undertake a set number of hours in a GP out-of-hours setting, remote-supervision sessions should be considered as contributing to the clinical sessions of the COGPED working week.
As noted above, the working contracts or memoranda of understanding across the four nations may stipulate a minimum number of contractual hours that are not part of the COGPED working week and where this is the case the requirements of the relevant working time directives should be met.

Other Experiences

Knowledge and skills relevant to attaining urgent and unscheduled care capabilities can be attained through learning undertaken in both hospital placements and GP placements.

Experiences undertaken during routine 4-6 months specialty placements likely to contribute to developing generic urgent and unscheduled care capabilities 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 on call work

How such sessions may contribute to the development of urgent & unscheduled care capabilities would be expected to form the basis of an initial placement discussion between the Resident Doctor in GP Training and clinical supervisor/supervising clinician.

Those experiences undertaken during the GP placement component of training that are most likely to fulfil this requirement may include but are not limited to:

• “In Hours” Urgent and Unscheduled Services in GP practices including undertaking “Duty Doctor” sessions
• Out of hours Urgent and Unscheduled Services from various providers
• 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

Resident Doctors in GP Training must be able to demonstrate that they have met the intended learning outcomes relating to urgent and unscheduled care by CCT. However:

• In England and Wales, there are no specific urgent / unscheduled / OOH experience / activities in relation to observational sessions which are mandatory for Resident Doctors in GP Training to undertake. There are no specific types of near and remote supervision sessions that are mandatory for Resident Doctors in GP Training 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.
• In Scotland and Northern Ireland, there are specific contractual arrangements in place for out of hours work which must be adhered to. These include the number of hours to be undertaken at various stages of training as well as observational, directly supervised, near supervised and remote sessions. **Each Deanery will have its own specific guidance on the contractual arrangements in place in their region.**

Clinical and Educational Supervision

The Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide)[3] defines the role of supervisors as:

Clinical supervisors/supervising clinicians – “are trained and selected appropriately to be responsible for overseeing a specified Resident Doctor in GP Training’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 supervising clinicians 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 Resident Doctor in GP Training’s educational progress during a training placement or series of placements and is jointly responsible with the Resident Doctor in GP Training for their educational agreement.”
Resident Doctors in GP Training 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. If there are concerns with the educational progression of a Resident Doctor in GP Training, they should not move to a differing level of supervision without appropriate confirmation from the Educational Supervisor.

The Educational Supervisor (GP trainer) will ensure the Resident Doctor in GP Training 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 and unscheduled care service to ensure that the Resident Doctor in GP Training 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 Resident Doctors in GP Training when working remotely visiting patients at home or in other locations.

Those supervising Resident Doctors in GP Training in sessional placements should understand both the context and purpose of the session. A discussion between the Resident Doctor in GP Training and the Out of Hours workplace supervisor at the start of the session is recommended to ensure learning objectives can be met.

Resident Doctors in GP Training on an observational session should have a point of contact .

In England, Wales and Northern Ireland, Resident Doctors in GP Training undertaking direct, near and remote sessions should have an identified workplace supervisor (for the duration of that session) who has bee appropriately trained and has the lead responsibility for ensuring the safety of both the Resident Doctor in GP Training and patients. In Scotland, the supervising clinician is advised responsibility sits with the Out of Hours service of the relevant health board.

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 Resident Doctor in GP Training
• A proactive approach by the workplace supervisor to supporting / monitoring the Resident Doctor in GP Training during the session
• Informing the GP Resident Doctor in GP Training of any change in the supervision arrangement
• A discussion at the end of the session sufficient to allow for review of cases the GP Resident Doctor in GP Training wishes to discuss and to enable the provision of feedback.

It is recommended workplace hosts for observational sessions and workplace 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.

Workplace supervisors should have undertaken training sufficient to enable them to meet the competency framework for medical educators (clinical supervisors/supervising clinicians) as described by the Academy of Medical Educators[4]. Specifically, they should:

• Ensure safe and effective care through their supervision of the GP Resident Doctor in GP Training.
• Create a clinical learning environment that is safe and conducive for learning.
• Provide direct guidance on clinical work being undertaken by the Resident Doctor in GP Training.
• Provide constructive critical feedback.

It is also recommended that workplace supervisors reflect critically on their own performance as a clinician and educator through seeking feedback from Resident Doctors in GP Training. They may collate feedback for submission for annual appraisal and such evidence may be used for re-approval as an educator as required by their own professional body if applicable.

Training of workplace supervisors may be undertaken through a variety of pathways, but Primary Care schools 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 and unscheduled services can utilise other appropriately trained 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 Resident Doctor in GP Training. Where Resident Doctors in GP Training are being supervised by other NHS health care professionals, they should be able to access advice and guidance from the lead GP providing medical support for the service during the Resident Doctor in GP Training's shift.

Observational session workplace hosts and workplace supervisors should be aware of the appropriate pathways to raise concerns should they identify significant performance concerns in relation to a Resident Doctor in GP Training's clinical capabilities and professional behaviours. Such reporting would include a Resident Doctor in GP Training's non-attendance at a booked session. To support this, it is recommended that placement providers have a nominated lead to work with a similarly nominated GP training lead for the Deanery.

Where the Educational Supervisor has specific concerns about a Resident Doctor in GP Training, they must ensure that any urgent care provider has been informed about these concerns.

Supporting Resident Doctors in GP Training in their Development of Capabilities

To support the learning process, sessions related to urgent and unscheduled care should be evenly spaced throughout GP ST1, ST2 and ST3 GP placements where operationally feasible. Out of hours sessions should occur in training based on the contractual requirements or the memoranda of understanding between the respective organisations in the relevant Deanery. 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 Resident Doctors in GP Training are present with the session supervisor at all times and not undertaking clinical delivery of care, the organisation affording a "duty of care" commensurate with that provided to employees of said organisation would be anticipated.

Urgent and unscheduled care providers offering clinical sessions to GP Resident Doctors in GP Training 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 Resident Doctors in GP Training in arranging sessions there should be sufficient administrative support within the urgent and unscheduled care organisations to facilitate this process. Such processes should afford GP Resident Doctors in GP Training 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 Resident Doctors in GP Training by their clinical supervisor/supervising clinician 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 Resident Doctors in GP Training should be supported by the placement (clinical) supervisors who can guide a Resident Doctor in GP Training as to the available opportunities within the placement that can contribute to the development of the urgent and unscheduled care capability.

Throughout GP placements there should be opportunities to review learning pertinent to the urgent and unscheduled capability.

Processes to enable Resident Doctors in GP Training to feedback on urgent and unscheduled care experience should be clearly signposted.

Quality Management

Postgraduate Schools are responsible for the quality management of placements for Resident 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 Postgraduate Schools but with integrated models of care GP Resident Doctors in GP Training may undertake clinical sessions in providers which straddle traditional primary and secondary care boundaries. Responsibility for educational governance in such circumstances needs to be clearly defined.

Whilst quality assurance standards are subject to revision, the core principles pertinent to decision making around the placements of GP Resident Doctors in GP Training in urgent and unscheduled care placements remain focused on patient and Resident Doctors in GP Training safety underpinned by sound educational, clinical and organisational governance. In addition to these standards, Postgraduate Schools should have oversight regarding programme approval and location approval when determining the suitability of urgent and unscheduled care placements.

Postgraduate Schools across the four nations discharge their responsibility for quality management within the operational frameworks pertinent to their organisation / countries, including the quality management of urgent and unscheduled care placements. Such approaches include regular review supported by evidence from the organisation's self-evaluation.

The provision of primary care based urgent and unscheduled care 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 Schools have a responsibility to approve the training of clinical supervisors/supervising clinicians in urgent and unscheduled care placements for Resident Doctors in GP Training.

• Those GPs providing direct, near and remote supervision to GP Resident Doctors in GP Training undertaking clinical placements with an out of hours provider should

undertake training sufficient to enable them to meet the competencies described in the medical educator's competency framework[4].
• Postgraduate Schools may undertake training for supervisors:
• Where such training is not provided by the Postgraduate School, the nature of any training programme provided by the clinical placement provider will need to be approved by the Postgraduate School in advance of any such training being utilised.

Postgraduate Schools 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

Resident Doctors in GP Training are subject to the normal processes of clinical governance, General Medical Council (GMC) regulations and civil law. In England and Wales, for Resident Doctors in GP training employed by a Lead Employer, their contract of employment will remain with the Lead Employer whilst undertaking observational or clinical sessions with a host organisation .

In Northern Ireland, Resident Doctors in GP Training are employed by their Educational Supervisor with a contract that mandates a set amount of out of hours work per annum. This work will usually be undertaken in an out of hours organisation, often with a different GP acting as their clinical supervisor. Resident GP Doctors in Training in Northern Ireland must have their own indemnity in place for this work.

In the context of shifts with out of hours providers, 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 Resident Doctors in GP Training 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 PSD Scotland 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 PSD Scotland in the form of original documents of such full medical defence organisation or insurer cover before commencing duties”.

In Northern Ireland Resident Doctors in GP Training based in a GP Practice must maintain membership of a recognised medical defence organisation and this must provide indemnity for all aspects of their work that relate to GP Training both in-hours and out of hours.

In primary care based urgent and unscheduled care services where personal indemnity is required, medical indemnity organisations usually indicate that a Resident Doctor in GP Training’s standard membership will provide them with indemnity for the work they undertake as part of this work, but **this must be confirmed by the Resident Doctor in GP Training with their individual provider.**

Resident Doctors in GP Training should not undertake direct, near or remote clinical sessions with urgent and unscheduled care providers unless they are in a GP placement. They should not undertake such work if on sick leave, maternity leave (unless with prior written agreement from their indemnity provider and training programme) or when Out of Programme, as defined by the Gold Guide[3].

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 Resident Doctors in GP Training.

Resident Doctors in GP Training should not assume responsibility for the supervision of other health care professionals whilst undertaking clinical work in an urgent and unscheduled care setting.

Resident Doctors in GP Training must ensure they have completed all due employment processes prior to undertaking both observational and clinical sessions including but not limited to:

- having had an enhanced DBS check,
- meeting occupational health requirements,
- having up to date safeguarding training requirements.
- having the appropriate medical indemnity in place **prior** to commencing work in any GP out of hours setting.

Review

COGPED 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 light of this.

References

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