The six generic competencies (T-SCORE), embedded within the RCGP Curriculum Statement on ‘Care of acutely ill people’, are defined as the:

1. Individual personal **Time** and stress management.
2. Maintenance of personal **Security** and awareness and management of the security risks to others.
3. Demonstration of **Communication** skills required for out-of-hours care.
4. Understanding of the **Organisational** aspects of NHS out of hours care.
5. Ability to make appropriate **Referrals** to hospitals and other professionals in the out-of-hours setting.
6. Ability to manage common medical, surgical and psychiatric **Emergencies** in the out-of-hours setting.

**B. Out of hours competencies**

**Individual personal Time** and stress management

- The GP trainee should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases and workload appropriately.
- GP trainees should be aware of both the challenges of working OOH (such as antisocial and long hours, sometimes with overnight shifts) and the attractions of working OOH (e.g. time off during office hours, shift style working, career development and portfolio working opportunities).
- They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of EWTD regulations and plan their OOH sessions with their practices to ensure they are fit and able to work after an OOH shift.
- They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.

**Maintenance of personal Security** and awareness and management of the security risks to others

- GP trainees should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. They also need to be insightful of patient safety.
- GP trainees should be aware of how to notify and escalate significant events, serious untoward incidents, and safeguarding concerns within and without the OOH provider.
- Patient safety concerns everyone in the NHS, and is equally important for general practitioners whether working as an independent contractor or for a Primary Care Organisation.
- Tackling patient safety collectively and in a systematic way can have a positive impact on the quality and efficiency of patient care.
- General practitioners are well placed to be active members of the healthcare team and positively influence the safety culture within the OOH environment.
- The knowledge and application of risk assessment tools must become part of general practitioners’ skills and, whatever change occurs in their environment; they should assess the effects of change and plan accordingly.
- Personal safety can be a particular issue when lone-working OOH/ at night/ in unfamiliar patients homes.

**The demonstration of Communication** and consultation skills required for out of hours care

- The GP trainee should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care.
These communication types include: telephone consultations and telephone triage skills (with the limitations introduced by the paucity of non-verbal and body language cues), and face-to-face consultations in OOH bases and Home visits to patients own homes.

Communication should be patient centred and should demonstrate understanding of a variety of commonly used consultation models and techniques and their appropriateness for difficult situations such as breaking bad news or defusing a hostile / angry patient or carer.

The GP trainee should have a good understanding of teamwork, be aware of the roles and responsibilities of the various members of the OOH team (call handler, triage clinician, base or visiting clinician) and be able to work and communicate with them effectively.

**Understanding the Organisational aspects of NHS out of hours care, locally and at national level**

- GP trainees should be aware of the policy framework that directs OOH care both locally and nationally. Trainees should consider:-
  - The CCGs role in commissioning OOH care from Providers originating from the NHS, Social Enterprise, the Voluntary Sector and the Independent Healthcare Sector
  - The Department of Health / NHS national standards for OOH care and how providers apply these standards (National Quality Requirements for OOH, Standards for Better Health, and Care Quality Commission Registration)
  - National quality assurance tools such as the RCGP OOH Audit Toolkit and the independent Healthcare Inspection by CQC
- They should also set OOH General Practice within the broader policy context of improving access and equity for primary care patients. This broad policy initiative covers:-
  - Expanding Out Of Hours Care from urgent reactive care into extended opening hours delivering proactive primary care (WICs, Enhanced Access
  - Unscheduled community care
  - Addressing the needs of underserved populations & Redirection of patient demand from A&E units to OOH and minor injury units
- They should be aware of the communication channels required for OOH care and the IT and telecommunications systems to support these communications
- GP trainees should have an understanding of how healthcare policy and evolving use of healthcare by the population is changing the demands on OOH care.
- Trainees should also be familiar with the role of OOH care in healthcare system emergencies or crises where OOH is a major contributor to delivering healthcare during crises, for example, the CMO cascade system for national drug / infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemic plans and managing a winter bed crisis.

**The ability to make appropriate Referrals to hospitals and other professionals**

- The GP trainee should be aware of the range of referral points and professionals available to patients out of hours. Examples include the ambulance and paramedic services, community care, secondary care (hospital where appropriate) and the voluntary sector.
- They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.
- The GP trainee should respect the roles and skills of others, and should be able to engage effectively with other professionals to best manage the care of the patient.
Ability to manage common medical, surgical and psychiatric conditions and common Emergencies

- GP trainees should be able to manage common medical, psychiatric and social conditions they are likely to encounter during OOH experience. These include minor illnesses and injuries, chronic disease and major emergency clinical conditions.
- The trainee should be able to differentiate between those milder or moderate conditions that can be managed by the patient or the OOH team and serious conditions or emergencies requiring additional assistance or expertise.
- The trainee must demonstrate understanding of how to manage critical situations by appropriate and timely use of available resources and facilities.
- Examples (not an exhaustive list) of emergencies are listed below:
  1. Chest pain & MI
  2. Heart failure
  3. CVA
  4. Sudden collapse
  5. Fits fainty & funny turns
  6. Stroke / CVA / TIA
  7. Epilepsy and epileptic episodes
  8. Acute asthma or COPD exacerbation
  9. GI bleed – upper & lower
  10. The acute abdomen
  11. Vascular emergencies including hypovolaemic shock and DVT
  12. Gall bladder disease (cholelithiasis, cholecystitis)
  13. Renal colic, pyelonephritis and urinary retention
  15. Obstetric emergencies – APH/PPH/ pre eclampsia, reduced foetal movements
  16. Acute confusion state and psychoses
  17. Allergy & anaphylaxis
  18. The ill child and infant
  19. Infection such as septicaemia and meningitis
  20. Orthopaedic emergencies e.g. cord compression injuries/back pain
  21. Acute eye pain / loss of vision
  22. Acute psychosis or dementia or severe depression / self harm
- GP trainees should be able to recognise the ill child, differentiate between mild, moderate and severe illness in children and know how to manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.
- GP trainees should be able to differentiate between mild, moderate and severe mental illness, understand the interaction between mental, physical and environmental aspects of health and know how to manage such mental health problems as often present as a crisis during OOH. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining/admitting patients under the Mental Health Act.
- GP trainees should competent in basic life support. They should be aware of the need for maintenance of any emergency drugs and equipment they use during OOH and be competent in the use and monitoring of such drugs and equipment
**Linked to the six OOH competencies:**

**RCGP Curriculum statement (section 7) Recognise and evaluate acutely ill patients**

- Describe how the presentation may be changed by age and other factors such as gender, ethnicity, pregnancy and previous health.
- Recognise death
- Demonstrate an ability to make complex ethical decisions demonstrating sensitivity to a patient’s wishes in the planning of care.
- Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives.
- Coordinate care with other professionals in primary care and with other specialists.
- Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient.

**Person-centred care**

- Describe ways in which the acute illness itself and the anxiety caused by it can impair communication between doctor and patient, and make the patient’s safety a priority.
- Demonstrate a person-centred approach, respecting patients’ autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.
- Describe the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow-up arrangements.
- Describe the needs of carers involved at the time of the acutely ill person’s presentation.
- Demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient.

**Specific problem-solving skills**

- Describe differential diagnoses for each presenting symptom.
- Decide whether urgent action is necessary, thus protecting patients with non-urgent and self-limiting problems from the potentially detrimental consequences of being over-investigated, overtreated or deprived of their liberty.
- Demonstrate an ability to deal sensitively and in line with professional codes of practice with people who may have a serious diagnosis and refuse admission.
- Demonstrate an ability to use telephone triage:
  - to decide to use ambulance where speed of referral to secondary care or paramedic intervention is paramount
  - to make appropriate arrangements to see the patient
  - to give advice where appropriate.
- Demonstrate the use of time as a tool and to use iterative review and safety-netting as appropriate.

**A comprehensive approach**

- Recognise that an acute illness may be an acute exacerbation of a chronic disease.
- Describe the increased risk of acute events in patients with chronic and co-morbid disease.
- Identify co-morbid diseases.
- Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness.
- Recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help.
Community orientation
- Demonstrate an ability to use knowledge of patient and family, and the availability of specialist community resources, to decide whether a patient should be referred for acute care or less acute assessment or rehabilitation, thus using resources appropriately.
- Deal with situational crises and manipulative patients, avoiding the inappropriate use of healthcare resources.

A holistic approach
- Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.
- Demonstrate an awareness of cultural and other factors that might affect patient management.

Contextual aspects
- Demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and treatment.
- Demonstrate an awareness of the tensions between acute and routine care and impact of workload on the care given to the individual patients.
- Demonstrate an awareness of the impact of the doctor’s working environment and resources on the care provided.
- Demonstrate an understanding of the local arrangements for the provision of out-of-hours care.

Attitudinal aspects
- Demonstrate an awareness of their personal values and attitudes to ensure that they do not influence their professional decisions or the equality of patients’ access to acute care.
- Identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues.
- Demonstrate a balanced view of benefits and harms of medical treatment.
- Demonstrate an awareness of the emotional and stressful aspects of providing acute care and an awareness that they need to have strategies for dealing with personal stress to ensure that it does not impair the provision of care to patients.

Scientific aspects
- Describe how to use decision support to make their interventions evidence-based, e.g. Cochrane, PRODIGY, etc.
- Demonstrate an understanding of written protocols that are available from national bodies and how these may be adapted to unusual circumstances.
- Evaluate their performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses and take appropriate action.

Psychomotor skills
- Performing and interpreting an electrocardiogram.
- Cardiopulmonary resuscitation of children and adults including use of a defibrillator.
- Controlling a haemorrhage and suturing a wound.
- Passing a urinary catheter.
- Using a nebuliser.

The knowledge base
Symptoms
- Cardiovascular – chest pain, haemorrhage, shock.
- Respiratory – wheeze, breathlessness, stridor, choking.
- Central nervous system – convulsions, reduced conscious level, confusion.
- Mental health – threatened self-harm, delusional states, violent patients.
- Severe pain.

**Common and/or important conditions**

- Shock (including no cardiac output), acute coronary syndromes, haemorrhage (revealed or concealed), ischaemia, pulmonary embolus, asthma.
- Dangerous diagnoses.
- Common problems that may be expected with certain practice activities: anaphylaxis after immunisation, local anaesthetic toxicity and vaso-vagal attacks with, for example, minor surgery or intra-uterine contraceptive device insertion.
- Parasuicide and suicide attempts.

**Investigation**

- Blood glucose.
- Other investigations are rare in primary care because acutely ill patients needing investigation are usually referred to secondary care.

**Treatment**

- Pre-hospital management of convulsions and acute dyspnoea.

**Emergency care**

- The ‘ABC’ principles in initial management.
- Appreciate the response time required in order to optimise the outcome.
- Understand the organisational aspects of NHS out-of-hours care.
- Understand the importance of maintaining personal security and awareness and management of the security risks to others.

**Resources**

- Appropriate use of emergency services, including logistics of how to obtain an ambulance/paramedic crew.
- Familiarity with available equipment in own car/bag and that carried by emergency services.
- Selection and maintenance of appropriate equipment and un-expired drugs that should be carried by GPs.
- Being able to organise and lead a response when required, which may include participation by staff, members of the public or qualified responders.
- Knowledge of training required for practice staff and others as a team in the appropriate responses to an acutely ill person.

**Prevention**

- Advice to patients on prevention, e.g. with a patient with known heart disease, advice on how to manage ischaemic pain including use of glyceryl trinitrate (GTN), aspirin and appropriate first-line use of paramedic ambulance.