

Guidance re Out-patient clinics for physicians in higher specialty training

Out-patient clinics

During Higher Specialty Training a key capability in practice (CiP) “managing outpatients with long term conditions” is largely achieved through supervised delivery of clinics, with trainees being required to act unsupervised in this capacity by CCT.

Whilst numbers of clinics delivered are indicative, this has historically approximated to delivery of over 40 clinics or equivalent activities per year. Clinics are associated with administrative tasks including generation and checking of letters, processing of onward referrals, review of investigation results and communication of these to patients in a timely fashion. These tasks require allocated time for completion and this should form part of trainee work schedules. Whilst time allocated will vary depending on the forms and frequencies of outpatient activities completed, a full morning or afternoon of clinical activity as the primary provider on average requires two hours of administration time. The way in which this is delivered will require discussion between clinical leads and educational supervisors. It is important that this time is delivered to all trainees to avoid the variation and bias which can otherwise be experienced by HSTs in different Trusts/Health Boards and departments.

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