



Royal College of General Practitioners

A Toolkit for General Practitioners and Primary Care Organisations

Criteria, Standards and Evidence Required for Practitioners Working with Drug Users

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The Appraisal Template

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Introduction

1. This document has been produced by the Royal College of General Practitioners (RCGP) National Expert Advisory Group in Drug Misuse to help guide practitioners working with drug users on the criteria, standards and evidence required at each level of care to ensure that they are fit for purpose. Though practitioners are required to undergo revalidation only once every five years, the criteria presented in this document can, of course, be used as a benchmark of the skills, knowledge and experience required during the appointment process.
2. The document has been drawn together following lengthy stakeholder involvement and is congruent with national and professional policy documents.¹

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- 1) *Drug Misuse and Dependence – Guidelines on Clinical Management*. Department of Health, The Scottish Office Department of Health, Welsh Office, Department of Health and Social Services, Northern Ireland (1999) London: The Stationery Office
 - 2) *Guidelines for the appointment of General Practitioners with Special Interests in the Delivery of Clinical Services* <http://www.doh.gov.uk/pricare/gp-specialinterests/drugmisuse.pdf>
 - 3) *Implementing a Scheme for General Practitioners with Special Interests* www.rcgp.org.uk/rcgp/corporate/gpspecial_menu.asp or www.doh.gov.uk/pricare/gp-specialinterests/GPSIframework.pdf
 - 4) *General Practitioners with special interests. A paper prepared on behalf of The Royal College of General Practitioners and The Royal College of Physicians of London (May 2001)* http://www.rcgp.org.uk/rcgp/corporate/response/GPspecial_interests/
 - 5) *Practitioners with a Special Interest. A Step by Step Guide to setting up a general practitioner with a special interest (GPwSI) service*¹ www.natpact.nhs.uk/special_interests
 - 6) *Improvement, Expansion and Reform: Priorities and Planning Framework 2003-2006*
 - 7) *A Guide to Accredited Professional Development*
 - 8) *Clarifying medical practitioner roles in drug and alcohol misuse and dependence*
 - 9) *The NHS Plan*¹ <http://www.doh.gov.uk/pricare/gp-specialinterests/>
 - 10) *Liberating the Talents Helping Primary Care Trusts and nurses to deliver The NHS Plan*
 - 11) *Alcohol Services and Mental Health Planning – Mental Health and Alcohol Misuse Project (MHAMP)*
 - 12) *Clinical Standards Consultation document*
 - 13) *Drugs and Alcohol National Occupational Standards (DANOS)*
 - 14) *NHS Appraisal Tool Kit. A Guide to GP Appraisal* www.appraisal.nhs.uk
 - 15) *RCGP Occasional Paper 85 A Toolkit for trainer appraisal and development.*
 - 16) *Clarification of roles responsibilities and training requirements for doctors working with drug misusers* Gerada. C

Commissioning Quality Services, Protecting Patients, Practitioners and PCOs

3. The RCGP anticipates this guidance will inform PCOs and other contractors with responsibility for the appointment, professional development and contract monitoring of doctors working with drug users in community and primary care settings. In order to effectively commission services, PCOs must be aware of the needs of their local population, the existing services and gaps, and the level of expertise and capacity amongst all practitioners (including GPs). All practitioners providing services should have the competencies necessary to meet their roles and responsibilities. The RCGP has a substance misuse professional development lead and a network of substance misuse regional clinical leads whose role includes providing advice and support to PCOs. Commissioners of services should also draw on local expertise, such as Drug Action Teams (DATs) and shared care-monitoring groups, so that they can effectively commission quality services.
4. General practitioners can and do have many different roles and responsibilities in caring for drug users (see Box 1 below). This toolkit is aimed at practitioners providing services to drug users beyond the generalist level. It is for practitioners providing core or additional services, that is enhanced (local and national) (www.bma.org.uk), general practitioner with special clinical interest (www.natpact.nhs.uk) and specialist or consultant general practitioners. For completeness a section is included, in draft form, on the requirements for general practitioners providing services at specialist/consultant level.
5. This document attempts to map these different roles to the NTA Models of Care and to the Drugs and Alcohol National Occupational Standards (DANOS) and hence provide practitioners and commissioners with guidance for the appointment and revalidation for these differing roles.

CURRENT ARRANGEMENTS FOR GPs PROVIDING DRUG MISUSE SERVICES

Generalist practitioner providing core services	(Tier 1 MOC)
Generalist practitioner providing essential services	(Tier 1 MOC)
Generalist practitioner providing locally enhanced services	(Tier 1 MOC)
Generalist practitioner providing nationally enhanced services	(Tier 1/2 MOC)
Generalist practitioner with special clinical interest providing enhanced services	(Tier 1/2 MOC)
Generalist practitioner with special clinical interest providing services to PCO	(Tier 2/ 3 MOC)
Specialist generalist providing specialist services under GMS or Specialist PMS arrangements	(Tier 3 / 4 MOC)

Baseline competencies

6. This documentation should act as a checklist for practitioners and commissioners so that they are able to ensure the practitioner is fit to provide the services they are employed for. Many of these competencies can be demonstrated by attendance at a recognised training programme, such as the RCGP *Certificate in the Management of Drug Misuse Part 1* (enhanced services) and *Part 2* (general practitioners with special clinical interest).

The layout of this toolkit:

There are three sections, each of which is designed to be relevant to practitioners working at enhanced, special interest and specialist levels of service provision and provide examples set of criteria, standards and evidence to practice at each of these levels.

**SECTION A:
CRITERIA, STANDARDS AND EVIDENCE FOR THE GENERAL PRACTITIONER
PROVIDING ENHANCED SERVICES (LOCAL OR NATIONAL)
IN THE FIELD OF DRUG MISUSE**

Entry Criteria Part 1 of the Royal College of General Practitioners' *Certificate in the Management of Drug Misuse* or equivalent

Standard 70% or above of Part 1 e-learning Modules 1 and 2

Successful completion of Part 1 face-face training (through a locally or nationally accredited training event)

At least 6 hours per annum continued professional development in drug misuse

1. JOINT WORKING

This section links to 'relationships with colleagues' and 'relationships with patients'

Criteria and Standards	Reference	GP evidence
<p>1.1 The GP enables individuals to find out about and use services and facilities <i>Enable individuals to find out about services and facilities</i> <i>Enable individuals to use services and facilities.</i></p>	DANOS Ref. AA3	<p><i>Examples:</i> <i>GP attends multidisciplinary learning exchanges</i> <i>GP has up-to-date leaflets about local services within their surgery</i></p>
<p>1.2 The GP has a good knowledge of, and maintains effective liaison with, local drug services and other agencies, including non-statutory services, and is able to signpost patients to them</p>	NES Ref. E	
<i>Comments:</i>		
<p>1.3 The GP assists in the transfer of individuals between agencies and services <i>Support individuals as they prepare for transfer</i> <i>Make agency preparations for individuals' transfer</i> <i>Supervise individuals during transfer</i></p>	DANOS Ref. AG3	<p><i>Examples:</i> <i>GP shows evidence of attendance at CPA meetings</i> <i>GP shows evidence of interagency work with individual patients</i> <i>GP shows evidence of referral letters or other communications facilitating the transfer of patients between different agencies</i></p>
<i>Comments:</i>		

<p>1.4 The GP develops productive working relationships Develop the trust and support of colleagues and team members</p>	<p>DANOS Ref. BI1</p>	<p>Examples: <i>GP shows evidence of joint working across different professional groups GP shows evidence of shared care and problems that may have arisen GP shows evidence of appraisal undertaken by different professional team members</i></p>
<p><i>Comments:</i></p>		
<p>1.5 The GP develops and sustains arrangements for joint working between workers and agencies</p>	<p>DANOS Ref. BI2</p>	<p>Examples: <i>GP shows evidence of the use of shared prescribing guidelines/protocols involving local pharmacists GP shows evidence of the use of shared child protection guidelines/protocols involving local child protection team GP shows evidence of shared working with social services GP shows evidence of shared working with local drug agencies</i></p>
<p><i>Evaluate the potential for joint working with other workers and agencies Establish and sustain working relationships with other workers and agencies Contribute to joint working with other workers and agencies</i></p>	<p>NES Ref. F</p>	
<p><i>Comments:</i></p>		
<p>1.7 The GP has a sound understanding of the role of the treatment service available to drug users in the local PCO</p>	<p>NES Ref. M</p>	<p><i>GP able to demonstrate knowledge of local treatment services</i></p>

Comments:

2. ASSESSMENT AND REFERRAL <i>This links to the section on 'Good Clinical Care'</i>		
Criteria and Standards	Reference	GP evidence
<p>2.1 The GP demonstrates that s/he assesses and acts upon immediate risk of danger to substance misusers</p> <p><i>Assess the immediate risk of danger to the individual</i> <i>Act upon the immediate risk of danger to the individual</i> <i>Support the individual after the immediate risk of danger has passed</i></p>	<p>DANOS Ref. AB5</p>	<p>Examples:</p> <p><i>Shows evidence of undertaking CPR training</i> <i>Submits audit of significant events involving drug-using patients, including overdoses, deaths</i> <i>Shows evidence of knowledge of immediate management of opiate overdose</i> <i>Shows evidence of knowledge of local/national guidance in reducing drug related deaths</i></p>
<p>Comments:</p>		
<p>2.2 The GP carries out assessment to identify and prioritise needs</p> <p><i>Assess the individual's substance misuse problem and their understanding of services available</i> <i>Assess the need for referral to substance misuse services, or to a comprehensive substance misuse assessment</i> <i>Make referral to a substance misuse service or comprehensive substance misuse assessment</i></p>	<p>DANOS Ref. AF2</p>	<p>Examples:</p> <p><i>Provides evidence of attendance at care planning meetings/reviews</i> <i>Provides audit of referral patterns for drug misusing patients</i> <i>Submits example/s of referral documentation relating to drug using patient</i> <i>Shows evidence of successful completion of recognised relevant continued professional development</i></p>
<p>Comments:</p>		

<p>2.3 The GP can carry out comprehensive substance misuse assessment <i>Prepare for a comprehensive substance misuse assessment</i> <i>Assess possible risks and the individual's understanding of services available</i> <i>Assess the individual's substance misuse and related problems</i></p> <p>2.4 Carry out an assessment of a patient's drug use (type, frequency and route of use) and have an understanding of the local drug services available to refer such a patient</p>	<p>DANOS Ref. AF3</p> <p>NES Ref. B</p>	
<p><i>Comments:</i></p>		
<p>2.5 The GP assesses and refers patients for drug misuse substitution treatment</p>	<p>NES Ref. H</p>	
<p><i>Comments:</i></p>		

3. SCREENING AND TESTING

This links to the section on '*Good Clinical Care*'

Criteria and Standards	Reference	GP evidence
<p>3.1 The GP carries out screening and referral assessment <i>Identify substance misuse and related or co-existent problems</i> <i>Refer individuals to substance misuse and/or other services</i></p>	DANOS Ref. AF1	
<i>Comments:</i>		
<p>3.2 The GP recognises indications of substance misuse and refers individuals to specialists <i>Recognise indications of substance misuse</i> <i>Refer individuals with indications of substance misuse to specialists</i></p>	DANOS Ref. AA1	
<i>Comments:</i>		
<p>3.3 The GP is able to test for substance misuse <i>Prepare to test for substance misuse</i> <i>Take samples for testing</i> <i>Communicate and record the results of testing</i></p>	DANOS Ref. AE1	
<p>3.4 The GP carries out an assessment of a drug user, including urine drug screen and formulates a treatment plan</p>	NES Ref. I	
<i>Comments:</i>		

3.5 The GP tests (or refers for testing) for other viruses, including HIV and immunisation for hepatitis B to at risk groups	NES Ref. E	
<i>Comments:</i>		

4. TREATMENT		
This links to the section on 'Good Clinical Care'		
Criteria and Standards	Reference	GP evidence
4.1 The GP prescribes medication with the support of shared care	DANOS Ref. AH1	Examples: <i>GP provides evidence of working with the support of shared care</i>
Comments:		
4.2 The GP undertakes agreed clinical activities with individuals whose health is stable in non-acute care settings <i>Prepare individuals for clinical activities</i> <i>Undertake clinical procedures, treatments and dressings</i> <i>Obtain and test specimens from individuals</i> <i>Measure and monitor the physical characteristics and condition of individuals</i> <i>Assist in the administration of individuals' medication</i>	DANOS Ref. AH5	
Comments:		
4.3 The GP supports individuals through detoxification programmes <i>Induct individuals to detoxification programmes</i> <i>Develop and review detoxification treatment and care plans</i> <i>Manage closure of individuals' detoxification programmes</i>	DANOS Ref. AH7	

4.4 At practice level, the GP participates in developing and co-ordinating the care of drug users and developing practice guidelines, including having knowledge of local detox procedures. Adequate supervision should be established to support the clinicians providing the service	NES Ref. A	
<i>Comments:</i>		
4.5 With support, the GP provides treatment to dependent drug users, including the prescribing of substitute (opiate and non-opiate) drugs or antagonists using best practice as outlines in the Department of Health Drug Misuse Clinical Guidelines	NES Ref. B	
4.6 The GP ensures that prescribing takes place within a context in which co-existing physical, emotional, social and legal problems are addressed as far as possible		
4.7 There is evidence of participation in audit of prescribing practice		
<i>Comments:</i>		
4.8 The GP provides symptomatic treatment to drug users	NES Ref. D	
<i>Comments:</i>		

4.9 The GP provides drug information to carers and users as to the effects, harms and treatment options for various common drugs of use	NES Ref. G	
<i>Comments:</i>		
4.10 The GP is able to utilise the range of commonly used treatment options available for treatment (including pharmacological interventions) and within a framework of shared care, have the ability to provide this treatment, supported by members	NES Ref. J	Examples: <i>GP provides an audit of the care provided to substance misuse patients GP provides evidence of the understanding of commonly used treatment modalities, including brief interventions</i>
<i>Comments:</i>		
4.11 The GP provides basic general medical services and test common complications of drug misuse (e.g. infections, abscesses, anaemia)		
<i>Comments:</i>		
4.12 The GP provides basic and minimal interventions for co-incidental alcohol or tobacco use	NES Ref. F	
<i>Comments:</i>		



5. SUPPORT AND HARM REDUCTION

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>5.1 The GP raises awareness about substances, their use and effects <i>Identify individuals' knowledge and values about substances, their use and effects</i> <i>Increase individuals' knowledge and understanding of substances, their use and effects</i></p>	DANOS Ref. AD1	<p>Examples: <i>GP provides evidence of relevant screening and vaccination services offered in relation to reducing harm associated with Hepatitis A, B, C</i></p>
Comments:		
<p>5.2 The GP supports individuals who are substance misusers <i>Enable individuals to adopt safe practises associated with substance use</i> <i>Support individuals when they have used substances</i> <i>Support individuals in reducing substance use</i></p>	DANOS Ref. AB2	
Comments:		
<p>5.3 The GP assesses and acts upon immediate risk of danger to substance misusers <i>Assess the immediate risk of danger to the individual</i></p>	DANOS Ref. AB5	

<i>Act upon the immediate risk of danger to the individual</i> <i>Support the individual after the immediate risk of danger has pass</i>		
Comments:		
5.4 The GP provides harm reduction advice to a current drug user (or their family) such as where to obtain clean needles, dangers of injecting drug use, safer injecting practice and safer sexual health practices	NES Ref. C	

6. CARE PLANS

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>6.1 Contribute to the development, provision and review of care programmes</p> <p><i>Obtain information about individuals and their needs from the service</i></p> <p><i>Contribute to planning how individuals' needs can best be met</i></p> <p><i>Agree services to be provided to meet individuals' needs</i></p> <p><i>Contribute to reviewing the effectiveness of care programmes</i></p> <p>Comments:</p>	<p>DANOS Ref. AG2</p>	
<p>6.2 The GP helps individuals address their substance use through an action plan</p> <p><i>Develop an action plan with individuals</i></p> <p><i>Review the action plan and conclude the counselling process</i></p> <p>Comments:</p>	<p>DANOS Ref. AI2</p>	

7. POLICY		
<i>This links to the sections on 'Relationships with Patients' and 'Teaching and Training'</i>		
Criteria and Standards	Reference	GP evidence
<p>7.1 The GP actively promote people's equality, diversity and rights</p> <p><i>Promote people's rights and responsibilities</i> <i>Promote equality and diversity of people</i> <i>Promote people's right to the confidentiality of information</i></p>	DANOS Ref. AA4	
Comments:		
<p>7.2 At practice level and in partnership with shared care providers, the GP supports the development of training for GPs and GP registrars in drug misuse</p>	NES Ref. G	
Comments:		
<p>7.3 The GP has an understanding of the local policy in relation to the care of drug users</p>	NES Ref. K	
Comments:		

<p>7.4 The GP demonstrates additional training and continuing professional development with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation</p>	<p>NES Ref. H</p>	<p>Examples: <i>GP shows evidence of attendance on recognised course or personal learning programme. GP shows evidence of successful completion of relevant and accredited e-learning module GP shows attendance at relevant conference or event</i></p>
<p>Comments:</p>		

SECTION B:
CRITERIA, STANDARDS AND EVIDENCE FOR THE GENERAL PRACTITIONER
PROVIDING GENERAL PRACTITIONER WITH SPECIAL CLINICAL INTEREST SERVICES
IN THE FIELD OF DRUG MISUSE

Entry Criteria Part 1 of the Royal College of General Practitioners'
Certificate in the Management of Drug Misuse or equivalent

Part 2 of the Royal College of General Practitioners'
Certificate in the Management of Drug Misuse or equivalent

Standard 70% or above Part 1 e-learning Module 1 and 2
Successful completion of Part 1 face-face training
Successful completion of Part 2 Certificate
At least 15 hours per annum continued professional development in drug misuse

1. JOINT WORKING

This section links to 'relationships with colleagues' and 'relationships with patients'

Criteria and Standards	Reference	GP evidence
<p>1.1 The GP enables individuals to find out about and use services and facilities <i>Enable individuals to find out about services and facilities</i> <i>Enable individuals to use services and facilities</i></p> <p>1.2 The GP has a good knowledge of, and maintains effective liaison with local drug services and other agencies, including non-statutory services, and is able to signpost patients to them</p>	<p>DANOS Ref. AA3</p> <p>NES Ref. E</p>	<p>Examples: <i>GP attends at least two local shared care monitoring groups</i> <i>GP attends multidisciplinary learning exchanges</i> <i>GP has provided support in development of leaflets for local services</i> <i>GP has produced information about services offered at the practice to substance misuse care</i> <i>GP has up-to-date leaflets about local services within their surgery</i></p>
<p>Comments:</p>		
<p>1.3 The GP assists in the transfer of individuals between agencies and services <i>Support individuals as they prepare for transfer</i> <i>Make agency preparations for individuals' transfer</i> <i>Supervise individuals during transfer</i></p>	<p>DANOS Ref. AG3</p>	<p>Examples: <i>GP shows evidence of attendance at CPA meetings</i> <i>GP shows evidence of interagency work with individual patients</i> <i>GP shows evidence of referral letters or other communication facilitating the transfer of patients between different agencies</i> <i>GP is a member of a collaborative examining closer working between agencies</i></p>
<p>Comments:</p>		

<p>1.4 The GP develops productive working relationships <i>Develop the trust and support of colleagues and team members</i></p>	<p>DANOS Ref. B11</p>	<p>Examples: <i>GP shows evidence of joint working across different professional groups</i> <i>GP shows evidence of shared care and problems that may have arisen</i> <i>GP shows evidence of appraisal undertaken by different professional team members</i> <i>GP shows evidence of 360 degree appraisal involving other professions in the appraisal process</i> <i>GP shows evidence of drug using patients being involved in reviewing services offered to them at the practice</i></p>
<p>Comments:</p>		
<p>1.5 The GP develops and sustains arrangements for joint working between workers and agencies <i>Evaluate the potential for joint working with other workers and agencies</i> <i>Establish and sustain working relationships with other workers and agencies</i> <i>Contribute to joint working with other workers and agencies</i></p> <p>1.6 The GP maintains links with local pharmacies, primary care drug support workers, social services (including the child protection service) and local mental and clinical health teams</p>	<p>DANOS Ref. B12</p> <p>NES Ref. F</p>	<p>Examples: <i>GP involved in the development of local prescribing guidelines/protocols</i> <i>GP shows evidence of being involved in the development of shared child protection guidelines/protocols involving local child protection team</i> <i>GP shows evidence of shared working with social services</i> <i>GP shows evidence of shared working with local drug agencies</i></p>
<p>Comments:</p>		

1.7 The GP has a sound understanding of the role of the treatment service available to drug users in the local PCO	NES Ref. M	<i>Examples:</i> <i>GP able to demonstrate knowledge of local treatment services</i>
<i>Comments:</i>		

2. ASSESSMENT AND REFERRAL

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>2.1 The GP demonstrates that s/he assesses and acts upon immediate risk of danger to substance misusers</p> <p><i>Assess the immediate risk of danger to the individual</i> <i>Act upon the immediate risk of danger to the individual</i> <i>Support the individual after the immediate risk of danger has passed</i></p>	<p>DANOS Ref AB5</p>	<p>Examples:</p> <p><i>Shows evidence of undertaking CPR training</i> <i>Submits audit of significant events involving drug-using patients, including overdoses, deaths.</i> <i>Shows evidence of knowledge of immediate management of opiate overdose</i> <i>Shows evidence of involvement in drawing together 'reducing drug related death' plans in locality</i> <i>Shows evidence of sound understanding of harm reduction</i></p>
<p>Comments:</p>		
<p>2.2 The GP carries out assessment to identify and prioritise needs</p> <p><i>Assess the individual's substance misuse problem and their understanding of services available</i> <i>Assess the need for referral to substance misuse services, or to a comprehensive substance misuse assessment</i> <i>Make referral to a substance misuse service or comprehensive substance misuse assessment</i></p>	<p>DANOS Ref AF2</p>	<p>Examples:</p> <p><i>Provides evidence of attendance at care planning meetings/reviews</i> <i>Provides audit of referral patterns for drug misusing patients</i> <i>Submits example/s of referral documentation relating to drug using patient</i> <i>Shows evidence of successful completion on recognised training course</i></p>
<p>Comments:</p>		

<p>2.3 The GP can carry out comprehensive substance misuse assessment <i>Prepare for a comprehensive substance misuse assessment</i> <i>Assess possible risks and the individual's understanding of services available</i> <i>Assess the individual's substance misuse and related problems</i></p> <p>2.4 Carry out an assessment of a patient's drug use (type, frequency and route of use) and have an understanding of the local drug services available to refer such a patient</p>	<p>DANOS Ref. AF3</p> <p>NES Ref. B</p>	<p>Examples: <i>Clinical audit of treatment to patients with opiate addiction, including dose, type of substitute medication given, retention in treatment</i> <i>Case study of patient with complex needs</i></p>
<p><i>Comments:</i></p>		
<p>2.5 The GP assesses and refers patients for drug misuse substitution treatment</p>	<p>NES Ref. H</p>	

3. SCREENING AND TESTING

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>3.1 The GP carries out screening and referral assessment <i>Identify substance misuse and related or co-existent problems</i> <i>Refer individuals to substance misuse and/or other services</i></p>	DANOS Ref. AF1	<p>Examples: <i>Provides audit of service</i> <i>Provides analysis of unmet need</i></p>
Comments:		
<p>3.2 The GP recognises indications of substance misuse and refers individuals to specialists <i>Recognise indications of substance misuse</i> <i>Refer individuals with indications of substance misuse to specialists</i></p>	DANOS Ref. AA1	
Comments:		
<p>3.3 The GP is able to test for substance misuse <i>Prepare to test for substance misuse</i> <i>Take samples for testing</i> <i>Communicate and record the results of testing</i></p>	DANOS Ref. AE1	
<p>3.4 The GP carries out an assessment of a drug user, including urine drug screen and formulates a treatment plan</p>	NES Ref. I	
Comments:		

3.5 The GP tests (or refers for testing) for other viruses, including HIV and immunisation for hepatitis B to at risk groups	NES Ref. E	
<i>Comments:</i>		

4. TREATMENT		
This links to the section on 'Good Clinical Care'		
Criteria and Standards	Reference	GP evidence
4.1 The GP prescribes medication with the support of shared care	DANOS Ref. AH1	Examples: <i>GP provides evidence of working with the support of shared care</i>
Comments:		
4.2 The GP undertakes agreed clinical activities with individuals whose health is stable in non-acute care settings <i>Prepare individuals for clinical activities</i> <i>Undertake clinical procedures, treatments and dressings</i> <i>Obtain and test specimens from individuals</i> <i>Measure and monitor the physical characteristics and condition of individuals</i> <i>Assist in the administration of individuals' medication</i>	DANOS Ref. AH5	
Comments:		
4.3 The GP supports individuals through detoxification programmes <i>Induct individuals to detoxification programmes</i> <i>Develop and review detoxification treatment and care plans</i> <i>Manage closure of individuals' detoxification programmes</i>	DANOS Ref. AH7	
Comments:		

4.4 At practice level, the GP participates in developing and co-ordinating the care of drug users and developing practice guidelines, including having knowledge of local detox procedures. Adequate supervision should be established to support the clinicians providing the service	NES Ref. A	
<i>Comments:</i>		
4.5 With support, the GP provides treatment to dependent drug users, including the prescribing of substitute (opiate and non-opiate) drugs or antagonists using best practice as outlines in the Department of Health Drug Misuse Clinical Guidelines	NES Ref. B	
4.6 The GP ensures that prescribing takes place within a context in which co-existing physical, emotional, social and legal problems are addressed as far as possible		
4.7 There is evidence of participation in audit of prescribing practice		
<i>Comments:</i>		
4.8 The GP provides symptomatic treatment to drug users	NES Ref. D	

4.9 The GP provides drug information to carers and users as to the effects, harms and treatment options for various common drugs of use	NES Ref. G	
<i>Comments:</i>		
4.10 The GP is able to utilise the range of commonly used treatment options available for treatment (including pharmacological interventions) and within a framework of shared care, have the ability to provide this treatment, supported by members	NES Ref. J	Examples: <i>GP provides an audit of the care provided to substance misuse patients</i> <i>GP provides evidence of the understanding of commonly used treatment modalities, including brief interventions</i>
<i>Comments:</i>		
4.11 The GP provides basic general medical services and test common complications of drug misuse (e.g. infections, abscesses, anaemia)		
<i>Comments:</i>		
4.12 The GP provides basic and minimal interventions for co-incident alcohol or tobacco use	NES Ref. F	
<i>Comments:</i>		

5. SUPPORT AND HARM REDUCTION

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>5.1 The GP raises awareness about substances, their use and effects <i>Identify individuals' knowledge and values about substances, their use and effects</i> <i>Increase individuals' knowledge and understanding of substances, their use and effects</i></p>	DANOS Ref. AD1	<p>Examples: <i>Provides audit of hepatitis B immunisation to risk population</i></p>
Comments:		
<p>5.2 The GP supports individuals who are substance misusers <i>Enable individuals to adopt safe practices associated with substance use</i> <i>Support individuals when they have used substances</i> <i>Support individuals in reducing substance use</i></p>	DANOS Ref. AB2	
Comments:		
<p>5.3 The GP assesses and acts upon immediate risk of danger to substance misusers <i>Assess the immediate risk of danger to the individual</i> <i>Act upon the immediate risk of danger to the individual</i> <i>Support the individual after the immediate risk of danger has passed</i></p>	DANOS Ref. AB5	
Comments:		

5.4 The GP provides harm reduction advice to a current drug user (or their family) such as where to obtain clean needles, dangers of injecting drug use, safer injecting practice and safer sexual health practices	NES Ref.C	
<i>Comments:</i>		

6. CARE PLANS

This links to the section on 'Good Clinical Care'

Criteria and Standards	Reference	GP evidence
<p>6.1 Contribute to the development, provision and review of care programmes</p> <p><i>Obtain information about individuals and their needs of the service</i> <i>Contribute to planning how individuals' needs can best be met</i> <i>Agree services to be provided to meet individuals' needs</i> <i>Contribute to reviewing the effectiveness of care programmes</i></p>	<p>DANOS Ref. AG2</p>	<p>Examples:</p> <p><i>Description of day to day management of clinical service</i> <i>Evidence that has a sound understanding of local and national policy drivers (e.g. membership on DATS, PCO substance misuse commissioning group, NHS bodies, national or local responsibilities)</i></p>
<p>Comments:</p>		
<p>6.2 The GP helps individuals address their substance use through an action plan</p> <p><i>Develop an action plan with individuals</i> <i>Review the action plan and conclude the counselling process</i></p>	<p>DANOS Ref. AI2</p>	
<p>Comments:</p>		

7. POLICY

This links to the sections on Relationships with Patients and Teaching and Training in the evidence portfolio

Criteria and Standards	Reference	GP evidence
<p>7.1 The GP actively promote people’s equality, diversity and rights <i>Promote people’s rights and responsibilities</i> <i>Promote equality and diversity of people</i> <i>Promote people’s right to the confidentiality of information</i></p>	DANOS Ref. AA4	<p>Examples: <i>Provides significant event analysis relating to drug using patients</i> <i>Provides evidence of practice drug using patient participation group</i> <i>Provides evidence of drug using patient experience questionnaires</i> <i>Provide evidence of patient involvement panels.</i></p>
<i>Comments:</i>		
<p>7.2 At practice level and in partnership with shared care providers, the GP supports the development of training for GPs and GP registrars in drug misuse</p>	NES Ref. G	
<i>Comments:</i>		
<p>7.3 The GP has a sound understanding of the local policy in relation to the care of drug users</p>	NES Ref. K	
<i>Comments:</i>		
<p>7.4 The GP demonstrates additional training and</p>	NES	Examples:

<p>continuing professional development with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation</p>	<p>Ref. H</p>	<p><i>GP shows evidence of attendance on recognised course or update</i> <i>GP shows evidence of successful completion of relevant and accredited e-learning module</i> <i>GP shows attendance at relevant conference or event</i> <i>Provides summary of formal teaching and training delivered to external or internal organisation</i> <i>Details of mentoring relationships</i> <i>Details of identifying and meeting relevant learning need</i> <i>Details of any research or proposed studies relevant to drug misuse</i></p>
<p><i>Comments:</i></p>		

**SECTION C:
CRITERIA, STANDARDS AND EVIDENCE FOR SPECIALIST PROVIDERS
IN PRIMARY CARE SUBSTANCE MISUSE INCLUDING:
GP CONSULTANTS/CLINICAL LEADS, CLINICAL DIRECTORS AND SENIOR RESEARCHERS
AND TRAINERS IN THE FIELD**

Criterion for a specialist provider

A specialist is a medical practitioner who provides expertise, training and competence in drug misuse treatment as their main clinical activity. Such a practitioner works in a specialist multi-disciplinary team, can carry out assessment of any case with complex needs and provide a full range of treatments and access to rehabilitation.

Most specialists would normally (but may not always) be a consultant psychiatrist who holds a CCST in Psychiatry. Their practice would involve non-standard treatments and they may also hold Home Office licences for certain forms of prescribing (for example heroin prescribing). They can act as a resource for generalist, specialised generalist (GPwSI) and other professional staff through advice, training and supervision activities.

In the absence of national guidance as to what constitutes the competencies of a GP specialist provider and for the purpose of appointment the RCGP in partnership with the RCPsych are drawing together a competency based framework delineating the competencies required to work at this level. This paper draws on the NTA/RCGP/RCPsych draft paper.

Evidence required to determine and approve that the GP is operating at a specialist level

In some areas there may be no local specialist available to take on the appraisal, or where the special interest area crosses current boundaries of primary care/specialist services, there may not be an equivalent 'expert' at all. In these cases, the PCO will be required to identify an appraiser/supervisor from another area, or from a national resource.

The RCGP National Drug Misuse Training team has appointed 9 Regional Clinical Leads covering England. These are senior clinicians with extensive and accredited experience in the management of drug misuse. Each Clinical Lead is an RCGP accredited appraiser at generalist and specialist level and they can be called upon to appraise GPwSIs and support the appraisal of GPs working as specialists.

DRAFT

**PROPOSAL TO JOINT RCGP/ RCPSYCH WORKING GROUP FOR APPROVAL OF PROCESS TO FORMALLY
RECOGNISE THE PRIMARY CARE SPECIALIST PROVIDER (TIERS 3 AND 4 MODELS OF CARE)**

Entry criteria – to be agreed

The doctor must have completed higher medical training in general medicine, general practice or public health medicine with an appropriate certificate completion of higher medical training, for example CCST (addiction), JCPCT.

And

MRCGP or equivalent

And

Core practical training and experience It is suggested that this experience should be of at least 2 years full time equivalent

1. An attachment to a drug dependence unit with a range of treatment facilities and modalities
2. At least 6 months working in a community based drug service
3. At least 6 months working in a community or hospital based alcohol service
4. Details of elements of specialist areas of work as defined by the job plan including evidence of autonomous clinical practice and details of access to appropriate levels of clinical supervision

Theoretical training

Attend or have registered to attend one of the following: -

A recognised diploma, masters or higher course in addiction studies or equivalent (e.g. study in patients in secure environments, homelessness)

And/or

A nationally recognised leadership programme

Attendance at a recognised conference and/or course (Minimum 2 during the training period)

For example

Attend the Annual Society for the Study of Addiction conference

Or

Royal College of Psychiatrists Faculty of Substance Misuse annual conference.

Or

Attend annual Northern Specialist in Drug Dependence meeting (minimum 1 during the training programme).

Or

Attend the annual RCGP primary care conference on the management of drug misusers in primary care conference

And

Attendance, at least, quarterly regional Clinicians with an Interest in Addiction meetings (minimum 4x during the training programme).

And

***Participate in Specialist Appraisal
(See Appraisal and Revalidation Toolkit)***

THE APPRAISAL TEMPLATE

**PART 1:
PERSONAL DETAILS**

Name:

Registered Address:

Main Service/Practice and contact details:

Qualifications:

GMC Registration:

Date of last revalidation:

Date of appointment to current post:

Other current posts:

Previous posts:

Other relevant details:

PART 2: DETAILS OF CURRENT PROFESSIONAL ACTIVITIES

An opportunity to describe your current role as a "Specialist Provider" and detail any other associated roles undertaken within the PCO/DAT/NHS or other public sector bodies or in the private sector. You should explain what you do and where you practice at all locations

You may also wish to comment on the environment on which you practice including:

Factors, which you believe, affect the provision of good healthcare, including your views (supported by information and evidence) on the resources available

Action taken by you to address any obstacles to the provision of good healthcare

Summarise the 'in hours' activities you undertake in your service/practice

Detail any emergency/out of hours arrangements

Brief details of other clinical work (e.g. other clinical sessions not related directly to the work undertaken in the specialist provider service)

Work for regional, national or international organisations

Other professional activities

PART 3: PERSONAL DEVELOPMENT PLAN

A commentary on your current work under the headings: -

- 1. Good Clinical Care**
- 2. Maintaining Good Medical Practice**
- 3. Relationships with patients**
- 4. Relationships with colleagues**
- 5. Teaching and Training**
- 6. Probity**
- 7. Management activity**
- 8. Research**
- 9. Health**

Submit the documents that support the narrative in your Learning Portfolio

1. GOOD CLINICAL CARE

Cite examples from your practice which drive for improvement in medical practice, include:

- Evidence of multidisciplinary and autonomous working
- Evidence of appropriate clinical supervision
- Evidence of the management of patients with complex needs and co morbidities in collaboration with other multidisciplinary teams GPs and other services
- Evidence where appropriate of the management of Tier 4 services
- Supervise the transfer of care of patients with specialist needs to other services such a back to primary care
- Demonstrate expertise in treating special groups such as young people older adults, dual diagnosis and pregnant women

Examples of documentation that you might wish to include:

- Examples of clinical audit
- Prescribing analysis and evidence of medicines management within the services provided
- PCO clinical governance reviews
- Clinical guidelines and local protocols and policies
- Records of critical incidents and significant events
- Complaints records and in house monitoring arrangements

Specialist criteria:

Demonstrate how you ensure awareness of new treatment interventions

Demonstrate a knowledge of what constitutes clinically effective practice across a wide range of treatment interventions

Learning needs:

Actions required:

2. MAINTAINING GOOD MEDICAL PRACTICE

What steps are being taken to maintain and improve knowledge and skills?

Examples of documentation you may wish to include:

- Outcomes of any leadership courses or activities e.g. NTA leadership programme
- Evidence of courses attended
- Reading and reflection
- Clinical Governance programme for the organisation and your involvement in this
- Evidence of the development and monitoring of compliance with local guidelines for the care of drug misuse patients in line with national guidelines

Specialist Criteria:

Demonstrate leadership qualities in the areas of self-belief, self-awareness, self-management, personal integrity

Evidence of continuous practice improvement within the service

Learning needs:

Actions required:

3. RELATIONSHIPS WITH PATIENTS

Demonstrate how you ensure communication and involvement with patients.

Examples of good practice you may wish to include:

- Complaints handling information
- Patient satisfaction questionnaires
- Patient involvement panels
- Appreciative feedback
- Significant event analysis, relating to patient incidents
- Ability to advocate effectively for service users as individuals and as a group in the health and social care system

Specialist Criteria:

Demonstrate the steps that are taken to ensure adequate patient involvement

Learning needs:

Actions required:

4. RELATIONSHIPS WITH COLLEAGUES

Demonstrate how you build and maintain good working relationships with your colleagues.

Examples of documentation you may wish to include:

- Evidence of a well-developed organisational development structure within the service that is understood by staff
- A description of your team and or managerial structures in which you work
- Records of any peer reviews or systematic feedback information about problems that have arisen between you and colleagues including other specialists
- Provide evidence of dissemination of research findings or where you have acted as a resource to other practitioners
- Evidence of clinical leadership and strategic partnership working including the development of local services

Specialist Criteria

Cite examples of where you have lead change through influencing other people

Demonstrate the ability to empower others

Give evidence of partnership and collaborative working

Learning needs:

Actions required:

5. TEACHING AND TRAINING

Describe in full your current teaching and training activities in relation to the specialist area of your work with substance misusers. What are your main strengths and weaknesses as a trainer/teacher?

Examples of documentation you may wish to include in your portfolio:

- A summary of formal teaching and training delivered external or internal to your organisation.
- Details of any informal supervision or mentoring relationships.
- Include any detailed evaluation of your training
- Evidence of contributions to accredited training programmes e.g. Diplomas and Certificate courses
- Evidence of involvement in local medical workforce development

Specialist Criteria

Give evidence of design and development that you have undertaken in educational programme (s)

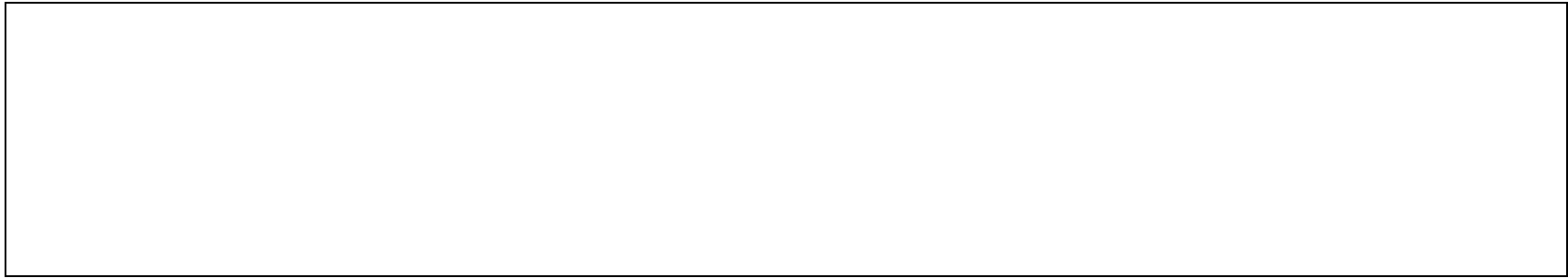
Evidence leadership in education through your participation in action learning

Demonstrate that you can use IT appropriately for your role

Provide evidence of your involvement in cross-locality, regional or national training in substance misuse

Learning needs:

Actions required:



6. PROBITY

What safeguards are in place to ensure propriety in the managerial/ financial handling of your specialist role?

Evidence you may wish to include:

Evidence of correct handling of payments for research and educational activities

Demonstrate that consideration is given to ethical considerations in research and teaching

Evidence of a system for checking expenses payments

Specialist criteria:

Demonstrate leadership qualities in terms of probity

Demonstrate self-awareness and personal integrity

Learning needs:

Actions required:

7. MANAGEMENT ACTIVITY

Please describe any management activities you undertake in relation to your specialist role. How would you describe your strengths and weaknesses?

Evidence you may wish to include:

- A description of day to day clinical management of the services you belong to
- Description of your role on DAT, PCO, NHS bodies or Trusts
- Information on any national or international positions you hold

Specialist criteria

Evidence of managerial skills and qualities

Demonstrate achievements/service improvements attributable to managerial competency

Evidence of steps you are taking/have taken to become a good manager

Demonstrate your involvement in recruitment and selection of staff

Demonstrate your involvement in financial management or commissioning of services

Demonstrate that you have management systems and skills to hold people to account

Learning needs:

Actions required:

8. RESEARCH

Supply details of recent and past publications and research in progress

Evidence you may wish to include:

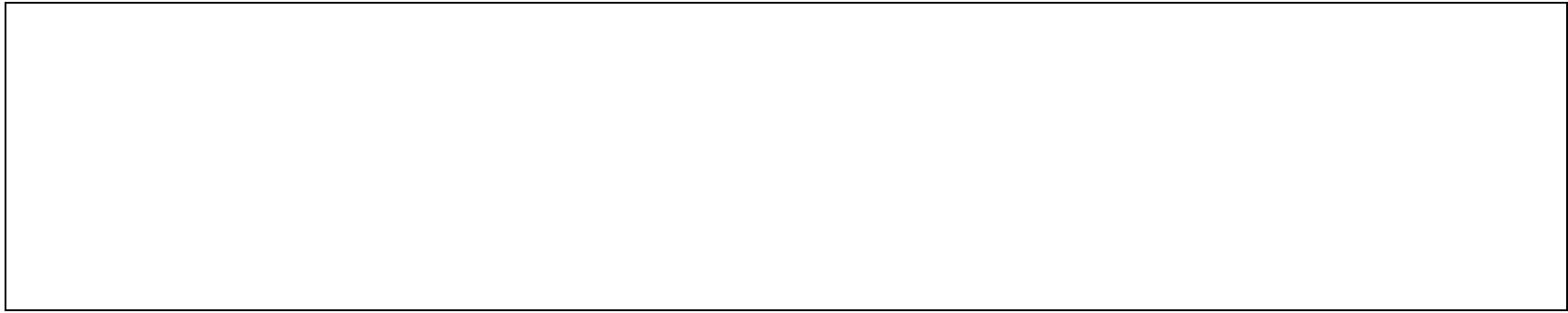
- Research proposals
- Outlines of proposed studies
- Reports on studies/research under way
- Articles published in medical or scientific journals
- List sources (journals/ web-sites) used to research practice issues

Specialist Criteria

Evidence the steps being taken to improve or ensure access to research capacity

Learning needs:

Actions required:



9. HEALTH

Details of any health related issues for that might put patients at risk?

Learning needs:

Actions required:

SUMMARY OF APPRAISAL

Criteria No.	Learning Needs	Actions Required	Achieved (Dates)	Evidenced by:	Comments from mentor

Signature of Reviewee:_____ **Signature of Reviewer**_____ **Date:**_____