



Guidelines for the appointment of

General Practitioners with Special Interests
in the Delivery of Clinical Services

Drug Misuse

April 2003

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This General Practitioner with Special Interest (GPwSI) framework is one of a number of which the Department of Health has commissioned the Royal College of General Practitioners (RCGP) to produce. The frameworks have been written following extensive consultation with general practitioners, secondary care specialists, Primary Care Trust managers, patients, the Department of Health and the PwSI team in the NHS Modernisation Agency. The frameworks are intended to be advisory for the development of local services, providing good practice and experience, offering recommendations to assist PCOs in determining how to implement a local GPwSI service to meet their needs.

Whilst this framework deals with a GPwSI in drug misuse there is a great deal of overlap in such areas as competencies, interventions and skills into the domain of alcohol misuse. Primary Care Organisations (PCOs) may therefore wish to extend the remit of this service to encompass substance misuse as a whole and can draw on any recommendations in the forthcoming Government alcohol strategy to develop this area further.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners' *Implementing a scheme for General Practitioners with Special Interests* (April 2002, www.doh.gov.uk/pricare/gp-specialinterests), and the NHS Modernisation Agency's *Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003, www.gpws.org).

Rationale for GPwSI service in drug misuse

Drug misuse pervades every part of society and impacts on every general practitioner wherever they may work. Creating GPwSIs with a special clinical interest in drug misuse should help improve access to treatment for drug users as well as supporting the embedding of effective services at primary care level.

GPwSIs should be seen as one option available to PCOs and must be part of a co-ordinated approach to treatment services and not merely as a pragmatic solution to dealing with waiting lists. A GPwSI service must not be seen as a substitute to a specialist service. Where a specialist provider is not in place then the PCO must ensure that a suitably trained practitioner fills this gap, rather than using the GPwSI as a substitute.

The National Treatment Agencies Models of Care should underpin any service development in this area. www.nta.nhs.uk

a. The core activities of the GPwSI service in drug misuse

The activities of the GPwSI service will vary according to local need, the skills and competencies of the individual practitioner and other local factors. Service providers and user organisations as well as representatives from the PCO should ideally be involved in the planning stages of the service. Shared Care

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Monitoring Groups and Drug Action Teams have an important role to play in the supporting and monitoring the general practitioner with special interest service.

The following are examples of core activities of a GPwSI service:

Clinical

Provide a clinical service for patients with drug misuse. These services can be offered either as part of an integrated general practice service with care being provided alongside other general medical services or as a stand-alone service located within a dedicated drug misuse service within the NHS (primary or secondary care) or other provider and either targeted to a particular population or risk group (e.g. pregnant users, hard-to-reach groups,) or provided as part of a generic drug misuse service.

Education and Liaison

- In partnership with others, support the development of training for GPs and GP registrars in drug misuse.
- Provide information and support to practices and practitioners on best practice in relation to care of drug using patients.
- Provide a bridge between primary and specialist addiction services.

Service Development/Leadership

- Develop pathways of care for patients with drug problems, including the development of local referral and treatment guidance.
- Develop clinical capacity for patients in primary care either as part of Local or Nationally Enhanced Services (these are the terms used in the draft New General Practice GMS Contract).
- Support the development of harm reduction services across the PCO.

b. The core competencies recommended for the GPwSI service

These will depend on the core activities of the service provided, but it is recommended that a GPwSI should be able to demonstrate elements listed below.

Generalist

The competencies to deliver a GPwSI service should be seen as a development of generalist skills including good communication skills, competence in teaching and training health care professionals and a commitment to cascading knowledge and skills.

and

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Special interest area

Clinical

Good understanding of the treatment of drug users as laid out in the National Drug Misuse Clinical Guidelines: www.doh.gov.uk/drugdep.htm

In particular:

- Able to provide safe, evidence based interventions to drug users, including those with less co morbidity¹ across a range of commonly used substances and using a range of commonly used treatment interventions including pharmacological (e.g., methadone mixture, buprenorphine, lofexidine, naltrexone), psychological (brief interventions, problem solving motivational interviewing) and an understanding of the range of social interventions available.
- A sound understanding of harm reduction interventions in relation to drug misuse.

Education and Liaison

- A sound understanding of the legal framework underpinning drug misuse.
- A good knowledge of local educational opportunities and funding in relation to drug misuse training.
- A good understanding of the roles of different professional groups in relation to drug users.
- Able to work in a multidisciplinary team.
- Knowledge of local Drug Action Team priorities.

Leadership

- Good negotiating skills.
- Good communication skills.
- A sound understanding of the Local and National Policies that underpin the treatment of drug users in UK.
- Sound understanding of current local and national primary care policy in relation to the treatment of drug users.

c. Evidence of training and experience for competencies

The training required will of course depend on the details of the service being provided though the GPwSI would be expected to demonstrate elements of the following:

¹ Severe co morbidity would include patients with serious personality disorder and other serious mental health problems, physical problems such as liver failure and serious social problems.

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Generalist skills

Primary care organisations should ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area. This can be assessed in a number of ways but is readily demonstrated by GPs who have passed the Examination of the RCGP and who are current members of the College.

and

Skilled at training health care professionals

and

Special interest

Demonstrable experience working with drug users such that they are able to provide care that adheres to the standards outlined in the Drug Misuse Clinical Guidelines. Ideally, at least some of this experience needs to be in a community setting and under direct supervision from a specialist (*the specialist may be a consultant addiction specialist or experienced general practitioner*). It is expected that the GP will be able to demonstrate experience managing patients across a variety of differing substances (e.g. heroin addiction, cannabis, stimulant users) and that they have experience of using a number of different treatment interventions.

and

Evidence of attendance at relevant courses or self directed learning to meet learning gaps identified through the Professional Development Plan and annual appraisal.

Examples of different evidence of competencies for the service.

Some examples of different evidence of competencies for the service
Demonstration of skills under direct observation by a senior clinician. Demonstration of knowledge by personal study supported by appraisal. Evidence of gained knowledge via attendance at relevant courses or conferences. Demonstration of ability to work in teams by evidence of taking part in multidisciplinary teamwork to plan and deliver service provision and individual patient care. Delivering multi- and uniprofessional training. The RCGP has established a Certificate in Drug Misuse, which is a six-day mentor-led training programme involving course work and assessments. The Course has undergone an accreditation process and is quality assured through an overarching National Expert Advisory Group made up of senior representation from relevant stakeholders. The RCGP also run a number of kite-marked Special Interest Master Classes to meet additional learning needs.

d. Evidence of successful acquisition of competencies

The RCGP recommends that the GPwSI maintain a personal development portfolio to identify their education requirements matched against the competencies required for the service and evidence of how these have been met and maintained. This portfolio can act as a training record and log book, counter-signed as appropriate by an educational mentor, or supervisor, to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document and by the employing authority. This portfolio should also include evidence of audit and continuing professional development and would be expected to form part of the GPwSI annual appraisal.

and

Evidence of delivering and maintaining a drug misuse service of quality within his/her general practice.

e. Evidence of maintenance of competencies

The GPwSI would be expected to maintain his or her competencies through a programme of continued professional development and education. It is recommended that they undertake a minimum of 15 hours CPD in the special interest area and undergoes annual appraisal and revalidation in the special interest and generalist areas.

Membership by the GPwSI to a national primary care network (www.smpg.org.uk) would add value to their personal development portfolio.

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In order to maintain skills and expertise the RCGP recommends that a GPwSI works at least one session per week in the special interest area (ideally more) and one session per week as a generalist practitioner (ideally more).

f. Accreditation process

This involves determining the core competencies for the special interest area, evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following stakeholder consultation.

Before appointing a GPwSI the PCO will need to ensure that the doctor has submitted evidence of his or her required competence to the expected standard defined by these criteria for accreditation.

The mechanism for this process can be determined locally, but it is recommended that this should be through an assessment of evidence of competence contained in the practitioner's ongoing personal development portfolio by local (e.g. Clinical Governance Lead, Medical Director, local specialist) and/or national (representative from professional body or RCGP Regional Lead) assessors, where at least one assessor has in-depth specialist knowledge of the clinical area.

The PCO would be expected to provide a working environment as part of the GPwSI post that enables the doctor to practise the special interest area in a competent manner.

g. Local Guidelines on the use of the service

Local guidelines will determine the types of patients, frequency of consultation and type of intervention that will be provided by the GPwSI service. It is recommended that in all cases the guidelines should identify the following:

- Type of patient seen (e.g. age, drug use, route of use, co-morbid factors) including inclusion and exclusion criteria.
- Referral pathways, e.g. direct to GPwSI service or via specialist provider.
- Communication pathways.
- Confidentiality issues.

h. The facilities recommended to deliver the service

Whatever the service provision, the facilities that need to be present must allow care to be delivered at a level recommended by the National Drug Misuse Clinical Guidelines and Models Of Care www.nta.nhs.uk. A multi-agency response to service provision is vital.

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The following are recommended:

Access to:

- Multidisciplinary team support.
- Specialist provider for care to more complex or entrenched patients.
- Services for young people and patients with complex needs (e.g. dual diagnosis).
- Dose assessment services.
- Supervised ingestion.
- Mentor/education supervisor.
- Library facilities.
- Referral arrangements to inpatients services and rehabilitation services.
- Good links to support services, such as housing and employment services.
- Others services need to provide good quality care as listed in Models Of Care and highlighted in the Audit Commission report www.audit-commission.gov.uk

i. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCO level and in acute trusts

The GPwSI will be accountable to the PCO Board with clinical responsibility resting with the GPwSI. Clinical supervision will include a session on a regular basis, ideally monthly, with a consultant in secondary care.

The Clinical Governance arrangements will follow those normally used for the PCO and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handing.

Close co-operation with all parts of the service will ensure that the GPwSI is part of an integrated solution to patient care. The RCGP has recently appointed a number of Clinical Regional Leads whose role will be to support local PCOs in developing capacity for drug misuse services in primary care.

j. Induction and support arrangements for the GPwSI

Induction process may include elements of the following:

- Risk management.
- Networking with other professionals.
- Involvement with National and Local Groups.
- Clinical Governance arrangements.
- Audit and reporting mechanisms.

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k. Monitoring and clinical audit arrangements

Determined at local level. It is recommended that the Shared Care Monitoring Group is involved.