Roles and responsibilities of doctors in the provision of treatment for drug and alcohol misusers

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The terms of reference of this group are as follows.

1. To develop guidance roles and responsibilities for general practitioners and general psychiatrists in substance misuse, clinical governance arrangements and other key areas for doctors working in these new roles.
2. To oversee the strategic development of the new roles for general practitioners and general psychiatrists in substance misuse so that there is accountability and coordinated working.
3. To discuss issues of common interest, as agreed by the relevant committees of the two Colleges.

Preface

In 2002, a working group representing the Royal Colleges of Psychiatrists and General Practitioners was established to offer support and advice to clinicians, commissioners and policymakers in developing comprehensive services for substance misusers, spanning both primary and secondary care.

This document reflects the development and evolution of the process of providing improved treatments, delivered by both general practitioners and psychiatrists.

We hope this goes some way to improve the understanding of the different levels of care that each professional group can and does provide, in order to make frontline provision more accessible and accountable.

Ilana B. Crome & Clare Gerada

Executive summary

This document reflects the findings of a working group set up jointly by the Royal College of Psychiatrists the Royal College of General Practitioners. The group had the support of the National Treatment Agency (NTA) for Substance Misuse and the Department of Health. It is intended as a resource for commissioners, service providers and doctors, and seeks to clarify some of the issues surrounding the employment of doctors and deciding which doctors have the appropriate competencies to carry out various tasks in the treatment system.

There has been a large increase in the number of doctors from a range of professional backgrounds working with substance misusers. This increase has mainly been in primary care, as there are shortages of addiction psychiatrists and other experts in secondary care. The expansion in the numbers of general practitioners (GPs) involved has resulted in individual doctors working in different ways, with a variety of competencies. Titles now used include 'general practitioners with a special interest' and 'primary care specialists in substance use'. The new General Medical Services contract has defined locally and nationally enhanced services, which allow a degree of clarity in terms of the services a GP would be expected to provide to a drug misuser.

All organisations employing doctors need a robust clinical governance structure that addresses issues of education and supervision. We recommend that appraisal must be carried out by a trained appraiser with experience of the clinical area. Supervision could be carried across different employing and specialty areas, so for example a consultant addiction psychiatrist could supervise a GP with special clinical interest working in their geographical area. Royal College of General Practitioners' regional leads are another potential source of support. In most circumstances, however, training-grade practitioners should be supervised by practitioners from the same discipline.

In some parts of the country, GPs are working as primary care addiction specialists. There is currently no recognised pathway for these individuals to obtain specialist qualifications, but draft criteria are suggested.

This document defines the following professional groups:

- psychiatrists: consultants in addiction psychiatry, consultants in general psychiatry with a special interest in addiction, consultants in general psychiatry;
- GPs: GPs with a special clinical interest, GPs providing enhanced services, GPs providing core services;
- other specialists: substance misuse specialists (in primary care), substance misuse specialists (from other professional backgrounds), other doctors on the specialist register, associate specialists, senior clinical medical officers, staff grades.

The competencies expected of each group are summarised in Table 2.1 (pp. 16–27). It is acknowledged that individuals will have a range of competencies and skills.

Doctors work within treatment systems and therefore may provide services over a range of National Treatment Agency Models of Care tiers. However, doctors with higher levels of competencies are generally more likely to be working in services that provide Tier 3 and Tier 4 interventions and to be more involved in management and strategic activities. In a treatment system there is a need for services at all levels, with input from GPs and specialists (either addiction psychiatrists or other specialists).

1 Introduction

Overview

This document attempts to outline and clarify the roles of doctors who work with adult substance misusers. It is intended to be a resource for commissioners, service providers and doctors, to ensure that medical support is appropriate in terms of training and competence, when planning and developing services.

Background

This report comes at a turning point within the medical profession. In the next few years, the Department of Health's Modernising Medical Careers initiative will result in fundamental changes in the way all doctors are trained. Broadly speaking, all doctors will undertake 2 foundation years, followed by a minimum of 5 years training in their chosen specialty. Those training to be general practitioners (GPs) will follow a different route and, although the details still need to be fleshed out, it will probably involve 3 years of 'generalist' training, followed by the opportunity for higher professional training. Integrating the time spent in training will give GPs the opportunity to develop special interests – such as addiction – and spend time during the training period to ensure that they are competent to deliver care at a special interest or specialist level.

Doctor numbers

Doctors from a range of professional backgrounds now work with substance users. The two groups who most commonly provide care are consultant psychiatrists, with specialist training in substance misuse (referred to in this document as consultants in addiction psychiatry) and GPs. In the UK there are about 130 consultants in addiction psychiatry who lead specialist substance misuse services, but in the past few years there has been an increase in the number of GPs able and willing to provide care to drug users. This has been a factor in the considerable expansion in patient numbers, enabling drug strategy targets to be met. In each specialty the NHS Plan (Department of Health, 2000) set a target of 1000 GPs with a special clinical interest – this figure has been reached and many of them work in the addiction field. There are also many dozens of GPs providing services at specialist level.

Increasing GP involvement

Although there is still patchy distribution across England, a random survey of English GPs conducted by the National Addiction Centre showed that about half of GPs had seen a drug user in the preceding month, with half of these GPs

prescribing substitute medication (Strang *et al*, 2005). The latest figures from the National Treatment Agency for Substance Misuse show that, across the country, 32% of GPs are involved in the care of drug users and it can be said that the majority of substitute medication now takes place within a primary care context, albeit mostly supported by specialist services through shared care. In fact, in some areas of the country, the involvement of GPs in the shared care of drug users has reached 80%. Many of these GPs provide only core services, in partnership with local specialist services. Some are GPs with a special clinical interest, who are able to provide an intermediate level of support to their colleagues. The new general medical services contract for GPs has opened up further opportunities for practices to be engaged with drug users. Primary care organisations can enter into various contracting arrangements with their local GPs, to provide services to drug users.

The general medical services contract

General practitioners and practice staff can now engage with drug users by providing enhanced services. These can be negotiated locally or adhere to the national framework. In the majority of cases, local enhanced schemes are a continuation of the existing local shared care scheme and are funded through the pooled treatment budget. National enhanced schemes should be delivered in accordance with the guidance detailed in the new general medical services contract, with nationally negotiated levels of remuneration direct from the primary care trust. Most primary care organisations stipulate, within their service level agreements with practices, the numbers of users to be seen, the type of medication to be provided, the level of monitoring required and the delivery of other services such as hepatitis B immunisation and supervised ingestion.

Definitions

This report is about treatment for substance misuse and refers to drug and alcohol users. However, most of the expansion in funding over the past 10 years has been in drug misuse treatment and not in treatment for alcohol misuse. Consultants in addiction psychiatry have experience of both and of running services for drug and alcohol misusers. Individual GPs' training and experience may be in one substance or the other, although drugs training has been prominent in much GP training. Many GPs may not have had adequate training in the management of alcohol misuse, although their role in alcohol treatment will be described in *Models of Care: Alcohol* (National Treatment Agency for Substance Misuse, 2005*a*).

Contractual arrangements

General practitioners and consultants are employed on different contracts within the NHS. Under the GPs' general medical services contract, doctors are contracted

to carry out specific duties. Arrangements for a full-time (or substantial part-time) post for a GP employed to work with substance misusers must allocate time for training and CPD, set up an appraisal system, and outline support and resources available. This may be done best via a service-level agreement. For a consultant, the contract and terms of service and the job plan already state the requirements for training, CPD and appraisal as a condition of employment. Substance misuse specialists (primary care) are commonly contracted by primary care organisations or mental health trusts with the majority being paid on locally negotiated salaries or employed on senior manager pay scales.

Governance and appraisal

Any service for substance misusers must have a robust clinical governance structure. In the case of services provided by doctors working within a mental health trust, this can be supplied by the trust's own structures, which are managed by a medical director. Primary care trusts employing doctors, usually GPs, can likewise provide clinical governance from within.

Education and supervision are a necessary part of training, and good practice dictates that even senior doctors should have access to a peer network for clinical support. Appraisal and revalidation are currently being revised in light of the Shipman Inquiry (Smith, 2004) and it is likely that revalidation will include the need to meet specified criteria, standards and evidence so that doctors are deemed competent to perform in the capacity in which they are employed. It would be considered good practice that clinicians who have dual roles undergo appraisal of their special interest area in addition to their generalist area. This can be done within the same appraisal process if the appraiser has knowledge of the specialist area. If this is not the case, then good practice dictates that more creative solutions be sought. Doctors with a special interest in addiction might be supervised by an appropriately experienced local addiction psychiatrist or GP with special clinical interest from another geographical area, even though they might be contracted by different organisations. It would be good practice for the appraiser to ensure that the specialist area of work is properly considered in the appraisal, which could reasonably involve a specialist supervisor or an agreed appropriate expert contributing to meet the appraisal objectives.

In most circumstances consultant psychiatrists should supervise their junior doctors (senior house officers and specialist registrars), staff grades and associate specialists, particularly when these doctors are in training positions.

Appraisal must be carried out by a trained appraiser and use a quality-assured process agreed by the health care organisation.

The Royal College of General Practitioners' regional leads for substance misuse are senior practitioners in addiction medicine from a primary care background. They are appointed through the Royal College of General Practitioners' Substance Misuse Unit to support education, training and governance for GPs with a special interest in substance misuse in primary care. These regional leads receive training

and are a resource to provide supervision and appraisal for GPs who are unable to access supervision or support locally.

Job titles and terminology

As the number of GPs working in substance misuse has expanded and their roles have extended, a plethora of new titles have been created to describe doctors working in this field. Although addiction psychiatrists and GPs are listed separately in Table 1.1, it must be acknowledged that there is a great deal of overlap, with differences at the margins.

Descriptions of medical practitioners

The ability of doctors to perform tasks at all levels in the treatment of substance misusers has been conceptualised in many different ways. In Chapter 2 we look at the roles of doctors and in Chapter 3 at the types of service in which they may be expected to work.

Individual doctors have different fields of expertise and their professional background and training will predict, to a large extent, their competence to work in a particular type of service. This report outlines the types of training that different professional groups will have received. In time it may be appropriate to conflate the groups of specialists if and when training programmes for different groups are in agreement on competencies.

This report also acknowledges that there is, to a large extent, a continuum in the level of competencies, with consultants in addiction psychiatry providing services at one level and GPs providing services at another. This is best illustrated in the skills escalator (Appendix 3), which looks at the increase in skills of GPs and specialists as their level of training and experience increases. This is reflected in the mapping of Models of Care service tiers to the type of practitioner able to provide that service.

To date, there is no formal definition or qualification for a specialist or consultant general practitioner in addiction. However, it is acknowledged that their competencies could be identical or almost identical to those of an addiction psychiatrist. To be identical they would have to have adequate training in psychiatry as well as in substance misuse, which would allow them to acquire competencies in specialist mental health.

The Royal College of General Practitioners suggests that a substance misuse specialist (primary care) in addiction should have successfully completed sound generalist training, most easily demonstrated by passing its membership examination, and in addition should have undergone training in addiction, including specialist prescribing and psychological interventions, management of complex patients and the care of patients with special needs (for example, pregnant users, homeless patients or drug users in the criminal justice system). Although one cannot at this stage be prescriptive about the length of this training,

Table 1.1 Job titles and terminology used for addiction practitioners at various levels

Title/terminology	Brief description
Psychiatrists	
Consultant in addiction psychiatry	A doctor with a certificate of satisfactory completion of specialist training (CCST) in psychiatry, with endorsement in substance misuse working exclusively to provide a full range of services to substance misusers. Provides Tier 3 and 4 interventions, usually within NHS trusts
Consultant in general psychiatry with a special interest in addiction	A doctor with a CCST in psychiatry and some training in substance misuse, who spends a proportion of their time working in specialist services for substance misusers
Consultant in general psychiatry	A doctor with a CCST in psychiatry, who provides non-specialist services to substance misusers attending general adult psychiatry services (usually alcohol)
General practitioners	
GPs with special clinical interest providing enhanced services	GPs with special clinical interest in addiction have received specific higher-level training in the management of substance misusers in primary care, usually the Royal College of General Practitioners' Certificate in the management of drug misuse in primary care, Part 2. Such practitioners can deliver a fuller range of drug treatment services. In some cases these GPs also conduct one or more clinical sessions outside of their own GP practice or provide care on behalf of other primary care practitioners. As a result of additional higher-level training and CPD, GPs with special clinical interest delivering locally enhanced or nationally enhanced services are able to work more autonomously and take responsibility for more complex cases in substance misuse
GP providing enhanced services	Doctor providing basic medical care plus care to substance misusers, in accordance with locally agreed shared care guidelines
GP providing core services	Doctor providing general medical care only to substance users
Other specialists	
Substance misuse specialist (primary care)	A doctor with a general practice background with an extensive postgraduate training in substance misuse working as a specialist GP lead/director employed by a primary care trust or mental health trust or director of a community substance misuse team
Substance misuse specialists (other professional backgrounds)	Doctors from a range of professional backgrounds particularly public health. They may have a specialist qualification in their own field. They may or may not be employed as a consultant and hold a CCST
Other doctors on the specialist register	Doctors from a variety of backgrounds whom the specialist training authority judge to have training equivalent to that required in the UK to get a CCST. These include doctors from abroad, e.g. Australian addiction medicine specialists
Associate specialists, senior clinical medical officers, staff grades and other doctors	Doctors working in specialist services under the supervision of a consultant in addiction psychiatry

it should be sufficient to meet the requirements laid out in this report. We believe that most experienced clinicians would agree that this amounts to about 200 clinical sessions – either undertaken piecemeal over a number of years or through block clinical attachments. The Royal College of General Practitioners' Substance Misuse Unit advises that the clinician's knowledge and skills are best demonstrated by successful completion of Parts 1 and 2 of the College's Certificate in the management of drug misuse in primary care. Beyond this, the Substance Misuse Unit recommends that a clinician undergo regular CPD and is part of a peer support network.

How a primary care specialist differs from a GP with special clinical interest still needs further clarification: the difference is likely to be both quantitative (in terms of the amount of time spent in training and the amount spent working in the addictions field as opposed to general practice) and qualitative (the level of service provided, the degree of leadership that the clinician holds and the amount of responsibility he or she is given).

2 Doctors' competencies

The table on the following pages shows the roles of doctors in the care of drug and alcohol misusers.

Table 2.1 Doctors' competencies

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
ADVICE									
Provide information and advice to patients and carers on the harms and risks of using drugs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop drug education and prevention materials				✓	✓	✓	✓	✓	✓
Provide advice to patients on reducing the harm associated with their drug use			✓	✓	✓	✓	✓	✓	✓
Provide support and advice to GPs and others on harm reduction				✓	✓	✓	✓	✓	✓
Provide support and advice to GPwSIs and others, e.g. hospital doctors on harm reduction	✓		✓	✓	✓		✓		
IDENTIFICATION									
Identify own patients with drug problems	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provide support and advice to GPs and other members of the primary health care team in identifying patients with drug problems					✓	✓	✓	✓	✓
Provide support and advice to GPs, GPwSIs, and to others, e.g. hospital doctors in identifying patients with drug problems							✓	✓	✓

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Act upon immediate risk of danger to drug misusers	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assess immediate risk and refer appropriately	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perform detailed risk assessment and formulate emergency and continuing risk management plans				✓			✓	✓	✓
Assess suicide risk and risk to others and make short and long-term management plans accordingly	✓			✓			✓	✓	✓
Assess uncomplicated patients' drug misuse needs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provide support and advice to GPs and others in assessing patients with uncomplicated drug misuse needs				✓	✓	✓	✓	✓	✓
Provide support and advice to GPs, GPwSIs and others in assessing patients with uncomplicated drug misuse needs				✓		✓	✓	✓	✓
Refer patients with uncomplicated drug misuse needs to GPwSIs or specialist drug services	✓	✓	✓						
Accept referrals of patients with uncomplicated drug misuse needs from GPs			✓	✓	✓	✓	✓	✓	✓
Accept referrals of patients with uncomplicated drug misuse needs from GPs, GPwSIs and other sources				✓		✓	✓	✓	✓
Recognise the physical signs of drug misuse and related complications on physical examination (e.g. HIV)	✓	✓	✓	✓	✓	✓	✓	✓	✓

Continued

Table 2.1 Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Undertake biological tests for substance use and interpret them to form a management plan and assist in referral	✓		✓	✓	✓	✓	✓	✓	✓
Undertake biological tests for substance misuse using a range of techniques. Be able to interpret these and use them to support a treatment plan							✓	✓	✓
Use other physical investigations to assist in diagnosis and management of substance misuse problems							✓	✓	✓
Provide full assessment for all patients with a range of drug misuse problems, including full physical and mental state examination			✓	✓	✓	✓	✓	✓	✓
Generate substance misuse and mental health diagnoses using a full range of theoretical models							✓	✓	✓
Assess need for family interventions and refer to appropriate agencies. Assess for psychological interventions for substance use							✓	✓	✓
Be aware of relationship between offending and substance use	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ascertain patient's status in the criminal justice system. Assess impact of drug misuse on offending			✓	✓	✓	✓	✓	✓	✓
Take full forensic history. Liaise with legal representatives and write court reports for the criminal and civil courts both as an expert and professional witness. Appear in court if necessary							✓	✓	✓

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Make full risk assessments of whether the patient is dangerous or at risk of suicide									✓
Refer for forensic psychiatry opinions where necessary							✓	✓	✓
Be aware of the relationship between mental health and substance misuse	✓	✓	✓	✓	✓	✓	✓	✓	✓
Refer patients with complex drug misuse needs to consultants in addiction psychiatry			✓	✓	✓	✓	✓	✓	
Assess patients with combined mental health and drug misuse problems									✓
Accept referrals of patients with complex drug misuse needs and comorbidities from GPs and other statutory (e.g. hospital services) and non-statutory agencies							✓	✓	✓
Provide care to drug misusers in prison			✓		✓	✓	✓	✓	✓
PATIENT MANAGEMENT									
Liaise with local prison on individual client issues. When appropriately commissioned, be involved in the treatment of substance misusers in prison. Be involved in managing through care and aftercare. Assist in developing local prison treatment protocols					✓		✓	✓	✓
Advocate for individual substance misuse patients			✓	✓	✓	✓	✓	✓	✓
Advocate for substance misuse patients, their families and children, both as individuals and as a group, in the health and social care system							✓	✓	✓

Continued

Table 2.1 Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Provide continued general health care to drug misusers referred to GPwSIs and specialist day services		✓	✓						
Provide continued health care to drug misusers referred to specialist day services and to own patients		✓	✓		✓				
Ensure that drug misusers under their care receive general health care by liaising with GPs and other members of the primary healthcare team. Provide some specialist healthcare assessment and treatment. Liaise and develop close links with infectious disease units, gastro-enterology, neurology, and other specialist hospital services							✓	✓	✓
Be aware of and take account of the needs of relatives and carers	✓	✓	✓	✓	✓	✓	✓	✓	✓
Be able to provide continuing care to drug users who have been assessed by and had a treatment plan defined by a GPwSI or specialist services as part of a local shared care arrangement		✓	✓						
Plan to meet drug misuse needs of patients with simple drug misuse needs in collaboration with consultants in addiction and other specialist services (e.g. counselling, psychotherapy, housing, employment, training)			✓	✓	✓				

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Be aware of and refer to the full range of treatment models available, including day programmes, in-patient care and residential treatment				✓	✓	✓	✓	✓	✓
Provide support and advice to GPs and others in planning, managing and reviewing care for patients with simple drug misuse needs				✓	✓	✓	✓	✓	✓
Lead on developing integrated care plans, taking into account a range of needs, including psychological and physical							✓	✓	✓
Plan to meet substance misuse needs of patients with complex drug misuse needs and comorbidities in collaboration with the multidisciplinary team and the GP							✓	✓	✓
Liaise with other specialist services, both voluntary and statutory, e.g. counselling, psychotherapy, pharmacy, housing, employment and training)				✓	✓	✓	✓	✓	✓
Provide or refer to the full range of treatment models and settings available, including day programmes, in-patient care and residential treatment							✓	✓	✓
Manage the care of patients with uncomplicated drug misuse needs in collaboration with consultants in substance misuse and other services						✓	✓	✓	✓
Be aware of the needs of special groups such as young people, older adults and pregnant women					✓	✓	✓	✓	✓

Continued

Table 2.1 Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Have expertise in treating special groups such as young people, older adults, Black and ethnic minority groups and pregnant women							✓	✓	✓
Prescribe substitute medication for patients with uncomplicated drug misuse needs in line with national and local guidelines			✓	✓	✓	✓	✓	✓	✓
Prescribe substitute medication for patients with simple and complex drug misuse needs and comorbidities. Use a full range of pharmacological treatment modalities							✓	✓	✓
Assess dependence and tolerance test when treatment is initiated					✓	✓	✓	✓	✓
Explore the use of new and emerging treatments							✓	✓	✓
Have an understanding of the issues involved in prescribing substitute injectable medication, diamorphine and amphetamines							✓	✓	✓
Understand drug interactions and use of pharmacology in those with comorbidities and complex physical health needs							✓	✓	✓
Manage specialist in-patient services, providing a range of detoxification and stabilisation services. Manage specialist day services				✓			✓	✓	✓
Provide liaison input to in-patient medical services, e.g. gastroenterology and in-patient psychiatric services							✓	✓	✓

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Manage patients with dual mental health and substance use problems, including use of appropriate antipsychotic and antidepressant pharmacotherapies. Develop close links or dual services with psychiatric services									✓
Implement Mental Health Act and incapacity legislation to patients presenting to substance misuse services where appropriate									✓
Be aware of the provisions of the Children's Act. Assess impact of substance misuse on parenting. Implement child protection policies. Liaise with child and adolescent mental health services							✓	✓	✓
Advise on issues of confidentiality. Assess fitness to practice for the General Medical Council and other health professional organisations							✓	✓	✓
Make sound working relationships with services designed to meet a range of clients' needs (e.g. accident and emergency, maternity services) and provide integrated care							✓	✓	✓
Supervise the transfer of patients who have been referred to specialist services between services and, where appropriate, back to primary care							✓	✓	✓
Review the care plans of patients with uncomplicated drug misuse needs in collaboration with consultants in substance misuse and other services			✓	✓	✓	✓	✓	✓	✓

Continued

Table 2.1 Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Regularly review and revise the care plans of patients with complex drug misuse needs and comorbidities in collaboration with the multi-disciplinary team, the GP and other services							✓	✓	✓
Develop, and monitor concordance with, GP practice guidelines for the care of patients with drug misuse needs, in line with local guidelines					✓				
Work within a clinical governance framework of evidence-based treatment and competence			✓	✓	✓	✓	✓	✓	✓
Develop, and monitor concordance with, local guidelines for the care of patients with drug misuse needs, in line with national guidelines							✓	✓	✓
TRAINING, SUPERVISION AND TEACHING									
Participate in training and professional supervision of others in the primary care team who are involved in planning, managing, delivering and reviewing care for patients with simple drug misuse needs			✓	✓			✓		
Participate in the education of GP registrars			✓	✓			✓		
Provide regular professional supervision of members of the multidisciplinary team who are involved in planning, managing, delivering and reviewing care for patients with complex drug misuse needs and comorbidities							✓	✓	✓

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Participate in local training schemes for medical trainees by providing both formal and informal teaching								✓	✓
Supervision, appraisal and in training assessment for senior house officers and specialist registrars in addiction psychiatry									✓
Be involved in local medical workforce development							✓	✓	✓
Supervise and, where appropriate, appraise staff and associate specialist grade doctors in addiction psychiatry									✓
Formally contribute to local and national degree and diploma programmes, e.g. MSc programmes							✓	✓	✓
Contribute to local medical student teaching programmes					✓		✓	✓	✓
Training and teaching for local non-specialist medical staff and other professional groups							✓	✓	✓
RESEARCH AND AUDIT									
Be aware of research findings and use them to implement evidence-based practice			✓	✓	✓	✓	✓	✓	✓
Disseminate new research findings and be able to interpret them to implement evidence-based practice locally. Act as a local resource for new practice developments							✓	✓	✓
Plan and carry out research in partnership with members of the research community and on own account. Take part in national research initiatives							✓	✓	✓

Continued

Table 2.1 Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Participate in local audits	✓	✓	✓	✓	✓	✓	✓	✓	✓
Participate in audits of prescribing practice. Participate in clinical audits of caring for patients with drug misuse needs			✓	✓	✓	✓	✓	✓	✓
Initiate and participate in audits of prescribing practice and other aspects of care for patients with drug misuse needs							✓	✓	✓
Lead in all aspects of the clinical governance programme in parent NHS Trust and apply it to substance misuse services							✓	✓	✓
MANAGEMENT AND SERVICE DEVELOPMENT									
Develop and manage the general practice		✓	✓		✓				
Work with the primary care organisation to support the commissioning of local primary care drug services					✓				
Provide clinical leadership to the substance misuse service							✓	✓	✓
In partnership with other managers, take a lead in the strategic development of the substance misuse services							✓	✓	✓
In partnership with commissioners and other local stakeholders, take a key role in the development of local drug services							✓	✓	✓

Continued

	Consultant in general psychiatry	GP providing core services	GP providing enhanced services	Consultant in general psychiatry with a special interest in addiction	GP with a special clinical interest	Staff and associate specialist grade doctor	Substance misuse specialist (primary care)	Substance misuse specialist (other background)	Consultant in addiction psychiatry
Work with criminal justice agencies and other partners to plan and provide services for patients in the criminal justice and other sectors, including prisons							✓	✓	✓
Advise the primary care trust on service development of drug services in the geographical area							✓	✓	✓

3 Types of services, doctors and models of care tiers

The National Treatment Agency's updated Models of Care (National Treatment Agency for Substance Misuse, 2005*b*) will describe the functions and types of doctor required within a system. Models of Care tiers do not map in a straightforward way onto individual professional competencies. The Models of Care framework is about services and it is envisaged that such services will be provided by a team in which the doctor is simply a member. If the service is provided wholly in a primary care setting, other individuals with appropriate training may have to deliver some aspects of the care package.

Most doctors will provide some Tier 1 interventions, even though they may mainly be providing interventions at other tiers. For instance, GPs providing enhanced services and addiction psychiatrists may all provide routine wound care for homeless clients.

Tier 2 interventions may be run within primary care by GPs providing enhanced services, but in some areas there will also be a consultant in addiction psychiatry or another specialist involved.

Tier 3 interventions may be provided by an addiction psychiatrist or by GPs, but addiction psychiatrists will have the competencies to manage the more complex clients. Specialist prescribing services are usually headed by a consultant in addiction psychiatry or, in some cases, by a suitably competent specialist from another professional background. In some areas, GPs may be working in these services and supervised by a suitably competent primary care specialist or a consultant in addiction psychiatry. In this case they may be providing Tier 3 interventions. Associate specialists and staff grade doctors may provide much of the medical input in a specialist service, but would have to be supervised by an addiction psychiatrist.

Services that provide Tier 4 interventions such as in-patient treatment are again usually headed by consultant psychiatrists or other specialists. However, the input of junior medical staff supervised by a consultant psychiatrist may be crucial to the running of these services and the types of service provided.

Case studies 1–3 give examples of staffing arrangements for the provision of substance misuse services in a locality. They illustrate how specialists, GPs with special clinical interest and other GPs with a range of competencies may work together to provide a balanced range of services. By using a selection of doctors all services can be provided, from addiction psychiatry to prescribing within primary care for uncomplicated patients.

Case study 1: A mixed rural and urban area

For many years this area had a small substance misuse service providing Tier 3 interventions, run by the local mental health trust in the county town. The service employed a local general psychiatrist for 2 days a week. It offered little support to people in the surrounding rural area, although two GPs prescribed for some clients who lived outside of the town.

Following a review, funding was found to employ a full-time addiction psychiatrist for the service. A part-time associate specialist supervised by the psychiatrist was also employed to support the growing services which provided Tier 3 interventions. Subsequently, a senior house officer from the local psychiatric training rotation was placed with the team.

The two GPs consolidated their expertise and obtained the Royal College of General Practitioners' Certificate in the management of drug misuse in primary care. They agreed to become GPs with special clinical interest and take on some stable clients from the service providing Tier 3 interventions and some uncomplicated clients, who were patients of other GPs from some of the surrounding villages. Over time, more GPs agreed to provide enhanced services, so that more patients could be treated locally.

The consultant psychiatrist agreed to provide clinical supervision for the GPs with special clinical interest, who also benefited from the Royal College of General Practitioners' mentoring scheme.

Case study 2: An inner-city area

The city had a community drug and alcohol team (CDAT) based within the mental health trust, which served two drug action team areas. The CDAT had developed from an old drug dependence unit. Several voluntary sector organisations ran street agency and crack services. General practitioner prescribing was patchy but there were some good interested GPs. All the prescribing services had waiting lists. There was a very high level of need and the services looked after two boroughs with high crime rates and levels of crack use. There was a specialist in-patient unit based on the site of the local psychiatric hospital. It took referrals from many of the surrounding drug action team areas.

The local mental health trust employed three addiction specialists – one for each area covered by the team and one who ran the in-patient services. There were senior health officers and specialist registrars in all the mental health trust teams. An associate specialist, supervised by one of the consultant psychiatrists, provided medical input to the drug treatment and testing order (DTTO) and criminal justice intervention programme (CJIP) services, which the trust was contracted to provide.

Many GPs in the areas were keen to become more involved in working with drug misusers. A network of GPs with special clinical interest developed who were able to provide support for each other. Nearly 50% of the other GP practices were providing enhanced services and working with the shared care support team.

Case study 3: A city area

This city had only ever had a small community drug team, which had not been well supported by the mental health trust. There were long-term difficulties in recruiting a consultant psychiatrist. In practice, most of the care for drug users had been provided by a handful of local GPs.

One local GP was particularly interested in the work and had slowly acquired skills in managing many different aspects of drug misuse, culminating in studying for an MSc at a local university. For the past 2 years, the individual had worked 1 day a week as a clinical assistant in a neighbouring area's drug service, which was led by an addiction psychiatrist.

The primary care trust created a role for this individual to work full-time in substance misuse, providing the clinical leadership for the community drug team. Some other local GPs began to provide enhanced services with support from the community drug team and one of these in turn started to work on a sessional basis in the team as a GP with special clinical interest.

Over time, the primary care specialist developed good local links with the neighbouring addiction psychiatrist and on occasion referred complex dual-diagnosis cases for opinion.

4 Training and qualifications

Consultant in addiction psychiatry

- Basic medical training to include substance misuse training
- Three years' postgraduate training in general psychiatry
- Royal College of Psychiatrists' Membership Examination (MRCPsych) Parts I and II, which contain a specific curriculum in substance misuse psychiatry
- Certificate of completion of specialist training (CCST) in general adult psychiatry with endorsement in substance misuse, following 3-year specialist registrar training at least 1 year of which must be full-time substance misuse
- CPD programme as monitored by RCPsych

General practitioners providing locally or nationally enhanced services

- Basic medical training to include substance misuse training
- Successful completion of vocational training
- Royal College of General Practitioners' Certificate in the management of drug misuse in primary care, Part 1
- CPD dependent on personal development needs as identified during annual appraisal, although it is recommended that the practitioner undertake at least 6 hours in relevant areas

General practitioner with a special clinical interest

- Basic medical training to include substance misuse training
- Successful completion of vocational training
- Membership of the Royal College of General Practitioners (MRCGP) or equivalent
- RCGP Certificate in the management of drug misuse in primary care, Parts 1 and 2
- CPD dependent on personal development needs as identified during annual appraisal, ideally 15 hours in relevant areas

General practitioner specialist training (suggested), qualifications and CPD

- Basic medical training to include drug misuse training
- Vocational training

And the following (these are draft criteria):

- the doctor must have completed higher medical training in general medicine, general practice or public health medicine, with an appropriate certificate of completion of higher medical training

and

- MRCGP or equivalent
- 6 months' training in psychiatry, or equivalent experience demonstrable through a personal learning portfolio

and

- core practical training and experience; it is suggested that this experience should be of at least 200 hours equivalent working in a relevant area, including:
  - an attachment to a drug dependence unit, with a range of treatment facilities and modalities
  - working in a community-based drug service
  - working in a community- or hospital-based alcohol service
  - details of elements of specialist areas of work as defined by the job plan, including evidence of autonomous clinical practice care pathways synonymous with Models of Care and details of access to appropriate levels of clinical supervision

and

- theoretical training
- attendance at or registered to attend one of the following:
  - RCGP Certificate, Parts 1 and 2 or a recognised diploma, masters or higher course in addiction studies or equivalent (e.g. study of in-patients in secure environments, homelessness)

and

- attendance at a nationally recognised leadership programme
- attendance at a recognised conferences and/or courses

and

- CPD: arrangements to be determined but should include a minimum of 30 h per year, attendance at a national conference and participation in audit and/or research.

Appendix 1: Key competencies for addiction psychiatrists

Key competency 1: Work with others to assess, manage and treat people with substance misuse problems

- Understand the variety of explanatory models of addiction and apply them clinically
- Outline the principles of harm minimisation and the public health issues surrounding substance misuse
- Have a detailed knowledge of the diagnostic categories relating to substance misuse and the secondary psychiatric diagnoses associated with the use of drugs or alcohol. Be able to apply them in clinical practice
- Take a history and mental state examination from the patient and others, that includes factors relevant for diagnosis and management of a person with substance misuse problems
- Establish and maintain a therapeutic alliance with patients with substance misuse problems
- Describe the coping defence mechanisms used by people with substance misuse problems, devise strategies to overcome them and apply these in clinical practice
- Perform a basic physical examination taking into account specific problems related to drug or alcohol use
- Competently diagnose and manage physical illness at a basic level and take such diagnoses into account when planning individual management
- Evaluate the range of investigations available and integrate their use appropriately into a full assessment and management plan
- Make an accurate diagnosis of mental disorder in patients with substance misuse problems
- Make an emergency plan for the management of patients at immediate risk
- Assess and manage risks for substance misusers with mental illness in collaboration with others
- Describe when you would call for help from consultants in other specialties and if necessary do so
- Demonstrate an awareness of the special needs of particular groups with substance misuse problems, including young people, pregnant women and older adults, and assess them accordingly
- Correctly apply in clinical practice medication, psychological and social interventions and other treatment strategies for treating substance misuse problems

- Describe and apply appropriately in clinical practice at least one psychological approach to substance misuse problems
- Establish and maintain working relationships with relatives and carers, and take into account their needs
- Demonstrate a sound understanding of the roles of other disciplines working in the addiction services, by working with them to develop an integrated care plan that takes into account the needs of patients and carers
- Describe in detail the use of community assessment and management, out-patient, day patient, residential and in-patient assessment and management of substance misusers and work effectively in these settings
- Correctly and appropriately apply mental health legislation in the care of people with substance misuse problems.

Key competencies 2: Contribute to the development and delivery of effective services for people with substance misuse problems

- Demonstrate, through their correct application to service development and delivery, an understanding of the social, epidemiological and demographic processes associated with substance misuse
- Describe and explain the relationship between substance misuse, mental illness and social problems, and take these issues into account in service design and delivery
- Foster positive attitudes to people with substance misuse problems and act as an advocate for their needs in the health and social care system
- Demonstrate expertise in teaching about substance misuse to diverse groups
- Undertake an audit of at least one area of practice in substance misuse psychiatry
- Demonstrate an understanding of the issues of substance misuse in a multicultural society through contributing to the development and delivery of services that respect diversity
- Outline the interface between addiction psychiatry, hospital medicine, social services and primary care and contribute to their management
- Describe and discuss the philosophies of the varied non-statutory agencies working in the field and develop strategies to cooperate with them to deliver optimal patient care
- Through discussion, teaching and appropriate use in clinical practice, show an understanding of the importance of the criminal justice system in relation to substance misuse
- Discuss the wider societal and political aspects of substance misuse.

Appendix 2: Royal College of General Practitioners' training courses

The courses leading to Parts 1 and 2 of the RCGP's Certificate in the management of drug misuse in primary care build on work undertaken by the Royal College of General Practitioners and the National Expert Advisory Group.

Certificate in the management of drug misuse in primary care, Part 1

Training is aimed at general practitioners who wish to provide locally or nationally enhanced drug misuse services within the context of shared care. The training uses a mixture of face-to-face and e-learning.

The e-learning consists of three modules, with clear learning objectives based on Drugs and Alcohol National Occupational Standards (DANOS; Skills for Health, 2005). The doctor (or in the future nurses, pharmacists and other professionals) must score at least 70% to pass the e-learning training programme. Each of the three modules takes on average 1 hour to complete, with a further hour per module for private reading.

The face-to-face training is a necessary component for completion of the certificate and is locally delivered based on national criteria. It includes teaching about local services and practical prescribing issues. The face-to-face element also gives the professional an opportunity to meet local colleagues. This element of the training take about 6 hours to complete.

Having completed both aspects of the training, the professional obtains Certificate 1 accreditation from the Royal College of General Practitioners.

Certificate in the management of drug misuse in primary care, Part 2

This training has been developed by the Royal College of General Practitioners and it uses large- and small-group teaching, based on a curriculum designed to teach the competencies needed to provide Tier 3 interventions at an intermediate or special interest level. The training includes formative and summative assessment and candidates must complete a logbook of contacts with patients. The course consists of a regional master class, 2 or 3 local master classes and 2 or 3 days of course work and final assessment. On completion of Part 2, the practitioner would be expected to undertake a programme of CPD and appraisal.

Special interest master classes (SIMCs)

The RCGP runs a series of 20 special interest master classes on a wide range of drug misuse issues. These aim to deliver ongoing professional development for GPs who provide services at intermediate or special interest level.

Appendix 3: The skills escalator

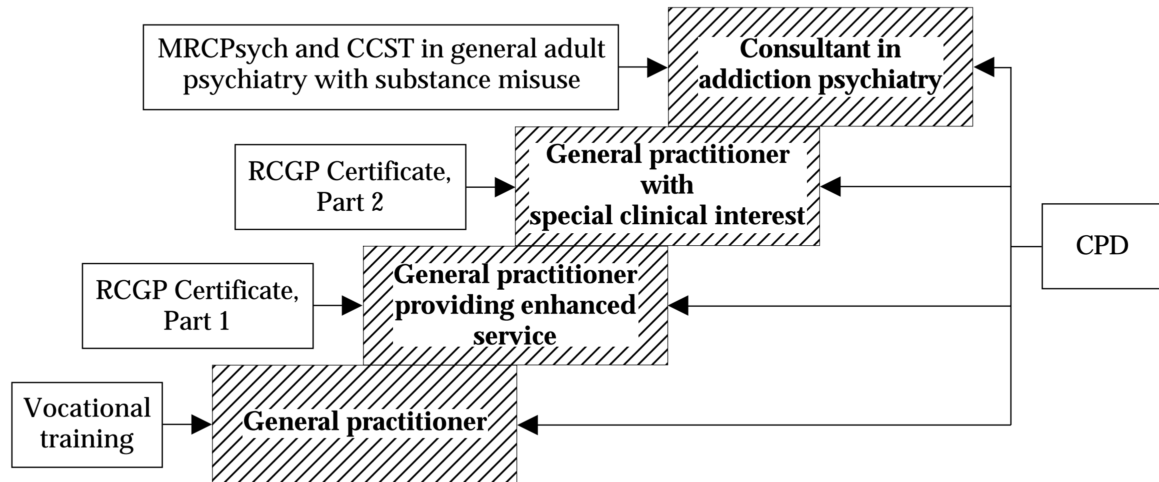

Fig. A3.1 The key training required to ascend the skills escalator from general practitioner to consultant psychiatrist. CCST, certificate of completion of specialist training; MRCPsych, Membership of the Royal College of Psychiatrists; RCGP Certificate, Royal College of General Practitioners' Certificate in the management of drug misuse in primary care.

Appendix 4: Training and learning resources

The tasks performed by doctors, GPs, GPs with special clinical interest and consultants in substance misuse are informed by a number of documents from a variety of sources.

From the 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* (Royal College of General Practitioners, 2004)
- Certificate in the management of drug misuse in primary care, Parts 1 and 2

From the Royal College of Psychiatrists:

- *Model Consultant Job Descriptions and Recommended Norms* (Royal College of Psychiatrists, 2002*b*)
- *Role of Consultants with Responsibility for Substance Misuse (Addiction Psychiatrists)* (Royal College of Psychiatrists, 2001*b*);
- *Advice to Commissioners and Purchasers of Modern Substance Misuse Services* (Royal College of Psychiatrists, 2002*a*)
- *Curriculum for Basic Specialist Training and the MRCPsych Examination* (Royal College of Psychiatrists, 2001*a*).

From other sources:

- *Drug Misuse and Dependence: Guidelines on Clinical Management* (Department of Health *et al*, 1999)
- *Changing Habits – The Commissioning and Management of Community Drug Treatment Services for Adults* (Audit Commission, 2002)
- *Models of Care for Treatment of Adult Drug Misusers: Framework for Developing Local Systems of Effective Drug Misuse Treatment in England. Part 1: Summary for Commissioners and Managers Responsible for Implementation* (National Treatment Agency for Substance Misuse, 2002*a*)
- *Models of Care for the Treatment of Drug Misusers: Promoting Quality, Efficiency and Effectiveness in Drug Misuse Treatment Services in England. Part 2: Full Reference Report* (National Treatment Agency for Substance Misuse, 2002*b*)
- *Drugs and Alcohol National Occupational Standards* (DANOS; Skills for Health, 2005).

Appendix 5: Useful website addresses

Useful links:

- General practitioners with a special clinical interest: http://www.smmgp.org.uk
- Royal College of General Practitioners' certificate course in drug misuse – http://www.rcgp.org.uk/drug/index.asp
- National enhanced services for drug misusers, as described in the new general medical services contract: http://www.bma.org.uk/ap.nsf/Content/NESdrugmisuse

Appendix 6: Glossary

Associate specialist
A senior staff grade doctor with appropriate experience and competency who can carry out many of the roles of a consultant psychiatrist. Must work under the supervision of a consultant psychiatrist.

Complicated patient
A patient with multiple problems who may not respond quickly to treatment options and may not show good adherence to them. This is acknowledged to be a difficult definition and is subject to local interpretation.

Senior house officer (SHO)
A grade of junior hospital doctor who works under the supervision of a consultant. These doctors have clear training needs and their work must be compatible with these. A senior house officer post in psychiatry is usually part of a training rotation. From 2007, these training rotations will change under the National Health Service's Modernising Medical Careers programme (http://www.mmc.nhs.uk). Senior house officers on psychiatric teams are usually part of an emergency on-call rota for general psychiatry and are therefore not available for full-time clinical work. They usually work with one team for 6 months only

Specialist registrar (SpR)
A more senior training grade doctor who will have passed the Royal College of Psychiatrists' Membership examination (MRCPsych) and will be working towards a certificate of completion of specialist training (CCST).

Staff grade doctor
Roughly the equivalent of a senior house officer. These doctors are not working towards any specific training, although have requirements for CPD. They can be promoted to associate specialist on the basis of a variety of seniority and competency criteria. They must work under the supervision of an addiction psychiatrist.

Staff and associate specialist (SAS) grade
An umbrella category for staff grade doctors and associate specialists. In practice there is a large range of competencies at staff and associate specialist grades.

Uncomplicated patient
A patient with a single problem who adheres to the treatment regimen offered and responds adequately to it. As with 'complicated patient', a difficult definition.

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