

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

EPILEPSY



DH Department
of Health



English Pharmacy Board

NHS

Primary Care Contracting

FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, *High Quality Care for All* and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Epilepsy have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation

of PwSIs in Epilepsy . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

CONTENTS

Introduction	5
1. PwSI Service Provision	7
2. Infrastructure Required	10
3. The Competences Required	12
4. Teaching and Learning	14
5. Assessment	15
6. Accreditation, Maintenance of Competence and Re-accreditation	16
Appendix 1: Competences for a PwSI in Epilepsy	19
Appendix 2: Assessment Tools	28
Appendix 3: Links to Other Resources	29
Appendix 4: Membership of Epilepsy PwSI Stakeholder Group	30

INTRODUCTION

Epilepsy is one of the most common serious neurological disorders; however it is difficult to be certain of the incidence and prevalence of this condition because of the potential for misdiagnosis. It is likely that each GP will look after around eight to twelve patients each year with epilepsy and can expect to see one or two new cases of epilepsy based on an average list size of 1,800 patients. A recent Clinical Standards Advisory Group survey revealed that only 51.5% of the 1,652 patients surveyed had remained seizure free in the preceding year. In 1996 over 1,000 people died from epilepsy in the UK with little change in the mortality figures for over a decade. Optimising the care of patients with epilepsy minimises the risk of death hence the need to promote the best possible care for all patients with epilepsy.

Since 1953, five major reports have highlighted the need for improvement in the care of epilepsy in general practice. The Clinical Standards Advisory Group Report for people who have epilepsy highlighted both the significant role that primary care plays in the treatment of epilepsy and its potential to optimise patient care. The most recent report is the National Sentinel Clinical Audit of Epilepsy-Related Death¹, which confirms the need for change. Details of this report can be found at www.sudep.org. One of the challenges to primary care is to identify those at risk of death and to optimise their management.

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Epilepsy* published by the Department of Health in 2003.

This guidance provides detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Epilepsy.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Epilepsy have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.

¹ National Sentinel Audit into Epilepsy Related Death: Hanna NJ, Black M, Fish D, Sander JWAS, Smithson WH, Brown S, Appleton RW, *Epilepsy - Death in the Shadows*, The Stationery Office, 2002

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or other health care professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

This framework should be used in conjunction with *Toolkit for Epilepsy*, a GP resource pack, published by the British Epilepsy Association / Epilepsy Advisory Board in 1999 (<http://www.epilepsy.org.uk/gpresource>).

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF EPILEPSY

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited framework.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competences to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs in Epilepsy will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification and care of epilepsy.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency

EXAMPLES FOR A PwSI SERVICE IN EPILEPSY

The table below gives examples of different types of services that a PwSI could deliver:

Clinical Services

- In conjunction with others (specialists, voluntary sectors, users and carers), develop clinical pathways for patients with epilepsy between primary and secondary care interfaces
- Where appropriate, care to special groups (eg, learning disabilities, pregnant women and adolescents) or conditions

Leadership

- Provide clinical leadership for developing epilepsy services for primary care across the PCO
- Provide support to general practitioners and primary health care teams in the care of patients with epilepsy and improve the care that clinicians provide to these patients
- Lead the development for shared care services for patients with epilepsy

Education and Liaison

- In partnership with others (eg, general practice tutor, PCO Education Advisor, Post Graduate Dean), develop the skills and knowledge of primary and secondary care to manage patients with epilepsy
- Support practices to use templates for annual review of patients with epilepsy and to assist them in carrying out audits of their care of patients with epilepsy and to develop an epilepsy register
- Provide information and support to practices and practitioners on best practice in relation to the care of their patients
- Be able to provide up-to-date information on how to access education, employment and related social aspects of epilepsy
- Provide a link / liaison role to local practices to enable robust information management / understanding

The New General Medical Services (GMS) Contract for General Practitioners (April 2008) defines a number of quality markers for General Practice in relation to treatment and monitoring the care of patients with epilepsy. It would be a reasonable expectation that a commissioner may use a PwSI in Epilepsy to support these practices in meeting these quality markers and also in helping support the development of national or locally enhanced services in epilepsy. This whole area is still under development.

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of national relevant advice issued by organisations such as:

International League Against Epilepsy	http://www.ilae-uk.org.uk
Association of British Neurologists	http://www.theabn.org
National Society for Epilepsy	http://www.epilepsynse.org.uk

In addition:

The service model should take account of nationally agreed guidance, in particular:

- NICE Clinical Guideline No 20: The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care
- The National Service Framework for Long Term Conditions

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as set out by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, suitability, accessibility and support
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioner's requirements

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Epilepsy include the following:

- Direct access to specialist support in line with local guidelines or protocols including access to specialist investigations, such as EEG, Neuro-Imaging, Neuro-Psychology and, ideally, Neuro-Psychiatry
- Provision for monitoring the use of anti-epileptic drugs
- Supervision from epilepsy specialists (eg, consultant neurologist or a suitably experienced member of their team)
- Access to genetic and prenatal counselling services
- Clinical and administrative support staff as required for each service
- Adequate means of record keeping
- Access to education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up-to-date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

PHARMACISTS

A generic PhwSI competence framework was published within the national framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Epilepsy will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacist role.

The competences for both roles can be drawn from the same overall list in Appendix 1.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

The competences for a PwSI in Epilepsy are summarised below:

- The first episode
- Diagnosis
- The first seizure
- Emergency treatment
- Management of drug therapy
- Drug-resistant epilepsy
- Other therapies
- Epilepsy monitoring
- Referral to secondary care
- Women with epilepsy
- Adolescents with epilepsy
- Epilepsy in the elderly
- People with learning difficulties
- Epilepsy in remission
- Neuropsychological and psychiatric aspects of epilepsy
- Information provision
- Professional support and liaison
- Epilepsy review structure
- Clinical leadership and co-ordinated care

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other non-consultant career grade post under the supervision of a specialist or consultant in epilepsy in the secondary care service
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- As part of accredited training as a non-medical prescriber
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements. Pharmacists with a special interest in epilepsy are expected to demonstrate a range of evidence in line with the generic PhwSI competency framework in addition to providing a structured reference from an objective, relevant and independent clinician which confirms their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and the recent application of relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Epilepsy will need to draw on support from epilepsy specialist services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

For all PwSIs the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed communication skills, attitudes and professional conduct
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Reflective practice
- Observed practice using modified mini clinical examination
- Logbook / portfolio of achievement
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences

Further information regarding the above assessment tools can be found in Appendix 2.

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in epilepsy.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and, for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local epilepsy specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care epilepsy organisation will provide further opportunities for PwSIs to develop their knowledge and skills through attendance at educational events and update meetings.

PwSI IN EPILEPSY PORTFOLIO

The portfolio should provide a track record of providing high quality epilepsy care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in epilepsy care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Prescribing / medicines management

6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Epilepsy have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

THE FIRST EPISODE

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To take a detailed history of the event and its context	The distinguishing clinical features and manifestations of the different types of epilepsy	Differentiate epileptic seizures from other attack disorders, notably vasovagal syncope, cardiovascular illnesses and functional events
	The indications for appropriate referral to other disciplines eg, cardiology, psychiatry, psychology, neurology	

DIAGNOSIS

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To successfully diagnose and classify different epileptic conditions	The ILAE classification of the different epileptic seizures and epilepsies and their definitions	Take a comprehensive history of episodes and their context from patient and witnesses in order to assist the provision of a differential diagnosis
	The epidemiology, incidence and prevalence of the condition	Identify different epilepsy syndromes and clinical seizure types

	The significance of abnormalities upon neurological examination	Perform a basic neurological examination to include: cranial nerves (fundi, visual fields and eye movements), motor system, reflexes and plantar responses and co-ordination
To conduct appropriate investigate and refer where necessary	The role, indications and limitations of EEG, brain imaging and blood tests	Interpret the results and indentify indications for referral

THE FIRST SEIZURE

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To investigate the first unprovoked seizures and subsequent seizures appropriately	The role of causation, triggers, provoking factors	Communicate to the patient the prognosis of newly diagnosed and chronic epilepsies
	The effects of early or delayed treatment	Organise ongoing care for the patient
	The indications for antiepileptic drug treatment	Provide information about risk of seizure recurrence
	The prognosis of different epilepsy syndromes	
Discuss the risks of epilepsy and their minimisation		

EMERGENCY TREATMENT

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To implement the protocol for acute assessment and treatment of epilepsy including the place of oral, rectal, buccal and intravenous therapies	The protocols for treating serial seizures and status epilepticus	Treat acute prolonged seizure, serial seizures, status epilepticus

MANAGEMENT OF DRUG THERAPY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To provide appropriate drug treatment	Common anti-epileptic drugs including the indications, pharmacokinetics, formulations, interactions and pharmacological effects of these drugs	Treat newly diagnosed epilepsy
	The established and newer AEDs	Ensure that the patient understands his or her therapy and so promote adherence and foster concordance
	Antiepileptic drug withdrawal (see 14 epilepsy in remission)	Talk to the individual about any adverse effects of his or her therapy
	The principles of therapeutic drug monitoring	Organise appropriate times for blood sampling
		Interpret assay results in the context of a patient's clinical condition

DRUG-RESISTANT EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To manage drug-resistant epilepsy	The range of differential diagnoses and the need to re-evaluate diagnosis and treatment if episodes continue	Recognise Non-Epileptic Attack Disorder
	The role and scope of epilepsy surgery	Recognise potential surgical candidates and discuss role and scope of epilepsy surgery
	The range of first and second line AEDs and their indications	
	The pharmacological options	

OTHER THERAPIES

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To be conversant with the range of other non-drug therapies available and their scope	Non-drug treatments	Discuss aromatherapy, biofeedback and diet in the management of epilepsy
	The principles of selection for epilepsy surgery and Vagal Nerve Stimulation and their risks and benefits	Discuss the principles of surgical treatment, preoperative assessment, surgical techniques, and the outcome of surgery with the patient
	The scheme for follow-up care & counselling	

EPILEPSY MONITORING

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To apply the principles of regular planned reviews	The principles and components of a major review	Undertake a regular planned review of diagnosis, seizures, treatment, adverse effects, life changes, information and advice needs, social issues, re-referral and follow up plans
	Use and abuse of blood level monitoring of AEDs	Monitor blood chemistry, blood count and bone density appropriately

REFERRAL TO SECONDARY CARE

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To recognise the need to refer a patient to secondary care	The signs and symptoms of treatment failure and adverse effects which require specialist knowledge	Sensitively discuss the need for referral with the individual and or carer as appropriate

WOMEN WITH EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To provide appropriate advice and care with respect to conception, contraception, libido, pregnancy, child care, and menopause in women with epilepsy	How conception, contraception and pregnancy interact with epilepsy and its management	Sensitively discuss fertility, sexual dysfunction and pregnancy or child care with the individual as appropriate
	Catamenial seizures	
	The teratogenicity and fetotoxic risks of AEDs	
	The hereditability of epilepsy	

ADOLESCENTS WITH EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To be able to provide for the needs of young people with epilepsy	Risk taking, recreational drugs, self education, family dynamics, leisure and employment and their impact on epilepsy management	Engage young people in self management of the condition including decisions about lifestyle and concordance with decisions about their treatment
	Transition management	To promote patient centred care
	Sleep deprivation and its relationship with epilepsy	Convey advisory and statutory information to young people

ELDERLY PEOPLE WITH EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To be able to provide for the needs of elderly people with epilepsy	The causes of seizure and the most common co-morbidities including: physiological and pharmacological implications and social consequences	Appropriately discuss the physiological and pharmacological aspects of epilepsy in the individual
		Discuss the social consequences of epilepsy with the patient

PEOPLE WITH LEARNING DIFFICULTIES WHO HAVE EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To assess and treat individuals with a learning disability who also have epilepsy	The role of disability, environment, seizure control and medication and their impact on the individual	Provide support and information for carers
	The special needs of patients with a learning disability who also have epilepsy with respect to: <ul style="list-style-type: none"> • Behavioural problems • Management challenges • The role of carers and families in the treatment of the individual • The issues around consent, decision making and carers • The diagnostic difficulties involved 	Tailor care to individuals, engaging the support of their carers as necessary

EPILEPSY IN REMISSION

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To manage epilepsy in remission	The pros and cons for AED cessation	Provide counselling on risk of relapse after drug withdrawal

NEUROPSYCHOLOGICAL AND PSYCHIATRIC ASPECTS OF EPILEPSY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To diagnose and manage the neuropsychological and psychiatric aspects of epilepsy	The neuropsychological deficits in epilepsy	Recognise and manage affective disorders and epilepsy
	The neuropsychological effects of antiepileptic drugs	Recognise psychosis in epilepsy
	Identify psychotherapy and counselling pathways as part of the management of epilepsy	Recognise and manage aggression and epilepsy
		Recognise sexual dysfunction in epilepsy

INFORMATION PROVISION

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To be confident in discussing and informing the individual about the type of their epilepsy, cause and prognosis and effects	How epilepsy will impact on the education, employment and related social aspects of the individual	Educate the individual on drugs and non-drug treatments in the management of individual seizures and when to seek help
	The current DVLA regulations for temporary loss of consciousness in accordance with GMC and MPS / MDU guidance on disclosure	Discuss with the patient and/or carer, the issue of driving and how this may be affected by epilepsy
	Leisure, employment, education, reducing risks, relationships and how this impacts on those living with epilepsy	Provide up to date information and assist the patient to access resources, individual support and education from voluntary organisations
	UK voluntary organisations and support services for people with epilepsy	Signpost resources (Voluntary sector, NICE IFP)

PROFESSIONAL SUPPORT AND LIAISON

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To support general practitioners and primary health care teams in the care of patients with epilepsy	How to work in partnership with others to develop the skills and knowledge of primary (and secondary) care to manage patients with epilepsy	Communicate effectively with primary care professionals, specialist nurses, community pharmacists, other community resources and the voluntary sector to ensure continuity of care counselling, support and patient safety between contacts with PwSIs
	Key national documents, strategies, action plans and toolkits aimed at improving services to patients with epilepsy	Signpost resources (local trusts, RCGP, NICE / SIGN) and provide information and support to practices and practitioners on best practice

EPILEPSY REVIEW STRUCTURE

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To support local practices to develop best practices care for patients with epilepsy	The structured review process	Support practices to use templates for annual review of patients with epilepsy
	How to develop an epilepsy register	Assist practices in carrying out audits of their care of patients with epilepsy (including an epilepsy register)

CLINICAL LEADERSHIP AND CO-ORDINATED CARE

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To identify the need, and lead on the development for shared care and other epilepsy services across the locality	The principles of service and clinical leadership	Act as a champion, advocate and leader for epilepsy in primary care
	The structure of local primary care organisations and the role of Practice Based Commissioning Groups	Forge links with primary care providers and paediatric and neurology services

These tables have been adapted with permission from the document, Epilepsy: General Practitioners with a Special Interest Competencies Framework, by Dr John Duncan, Dr Greg Rogers, Dr Henry Smithson, and Juliet Solomon, in collaboration with the UK Council of the International League Against Epilepsy, 2006.

For more information please visit: <http://www.ilae-uk.org.uk/GP.html>

APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

A series of assessment tools suitable for use by PhwSIs are available at:
<http://www.primarycarecontracting.nhs.uk/246.php>.

The following notes are intended to support the effective use of these assessment tools as applied to the field of epilepsy:

- It is strongly recommended that a series of clinical assessments takes place four times during the period prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

APPENDIX 3: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

Department of Health and the Royal College of General Practitioners

Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Epilepsy, Department of Health and Royal College of General Practitioners, April 2003
<http://www.natpact.nhs.uk/uploads/PDF%20Epilepsy.pdf>

NICE Epilepsy Guidelines

www.nice.org.uk

SIGN Guidelines

www.sign.ac.uk

Epilepsy Action (working name of the British Epilepsy Association)

<http://www.epilepsy.org.uk>

Prodigy Guidelines

This guidance covers the various issues regarding the diagnosis and management of epilepsy in primary care (including the immediate management of prolonged seizures). The guidance is based on the National Institute for Health and Clinical Excellence (NICE) guideline number 20, *The Epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care*. The guidance also incorporates NICE technology appraisal number 79, *Newer drugs for epilepsy in children* and NICE technology appraisal number 76, *Newer drugs for epilepsy in adults*,
<http://cks.library.nhs.uk/search?&page=1&q=epilepsy&site=0>

Other publications and reports:

The All-Party Parliamentary Group Report, *Wasted Money Wasted Lives*, 2007
http://www.jointepilepsycouncil.org.uk/wasted_money_wasted_lives.pdf

Patsalos, P., Majkowski, J., Bourgeois B., Mattson, R., *Anti-epileptic drug interactions*, Cambridge University Press

Sander, JW, Smalls, JE, Walker MC., *Epilepsy 2005, from neuron to NICE*. Meritus Communications (available at no charge from JW Sander, National Society for Epilepsy)

Shorvon, SD, *Handbook of epilepsy treatment (2nd edition)*, Oxford: Blackwell Publishing, 2007

APPENDIX 4: MEMBERSHIP OF EPILEPSY PwSI STAKEHOLDER GROUP

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