

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

GENETICS



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](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 21<sup>st</sup> 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](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956)

Many PwSIs in Genetics 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](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 Genetics. 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>

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# INTRODUCTION

Primary care genetics is currently a small but growing special interest area. The identification and management of people at increased inherited risk of premature cancer and cardiovascular disease is a good example; as family history information taken in primary care may identify those at increased risk and allow interventions that improve their prognosis. In addition, primary care practitioners can play important roles in the management of chronic genetic diseases and in reproductive health programmes. Initiatives following the genetics white paper include the funding of 10 General Practitioners with a specialist interest in genetics to pilot genetics educational and service development projects relevant to primary care ([www.geneticseducation.nhs.uk](http://www.geneticseducation.nhs.uk)).

This guidance provides 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](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

This framework, developed with the support of the Primary Care Genetics Society, relates **only** to the specific training and accreditation needs of general practitioners seeking accreditation as PwSIs in Genetics.

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 practitioners with special interest in genetics 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 practitioners with a special clinical interest needs to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.**

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.

## IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF GENETICS

Many GPs 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 these clinicians. It is provided for doctors or pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI 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 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 will form one of a series of integrated options for the delivery of these services.

Whilst the activities of a PwSI in Genetics will depend on the specific service configuration, perhaps the most important activity is to raise the awareness of the role of the primary care team in the identification, prevention and care of genetic conditions. This may be by supporting practices in:

- developing disease registers of patients at risk of genetic disorders
- providing education and training within their primary care organisation (PCO)
- acting as a primary care lead clinician within the PCO

PwSIs providing direct clinical services to individual patients should work closely with their Regional Genetics Centre and particularly with genetic counsellors. These are a valuable resource as they may work both with secondary care specialists in district general hospitals or in general practice clinics providing community based clinics.

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 eg, Identifying patients with or at risk of genetic conditions
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency
- Managing genetic risk
- Screening for genetic disorders
- Testing for a genetic condition
- Providing and co-ordinating long-term care

## EXAMPLES FOR A PwSI SERVICE IN GENETICS

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

### Clinical Services

- Provide direct clinical care to specific groups of patients or more generally within a genetic service
- Assess genetic and environmental contribution to multifactorial conditions. Manage those at population and / or moderate risk
- Provide primary care services including long term support to patients and or their families with genetic disorders

### Liaison

- Between primary care and secondary care and with regional clinical genetics service
- With primary care practitioners such that the PwSI (genetics) is able to signpost colleagues towards more information and relevant services
- With local user groups in making and implementing policy
- With regional clinical genetics service to develop appropriate access strategies for patients

### Leadership

- Provide local primary care clinical leadership within the PCO to increase the capacity and capability of primary care teams to provide appropriate health care for patients and families
- Provide support in setting up and co-ordinating local genetics or family history support services.

### Education and Training

- Provide advice and support to practices on how best to meet the needs of their patients and to access secondary and tertiary genetic services
- Assess local educational needs among health professionals including assisting vocational training schemes
- Provide training in the identification of genetic risk
- Support the development of educational programmes for primary health care teams and community health physicians and collaborate in undergraduate and postgraduate genetic education
- Review and develop strategies to inform and educate the public in the use of genetic information

### Pharmacogenetics

- Act as a reference point for clinicians who require an understanding as to how genetic factors influence drug metabolism, idiosyncratic adverse drug reactions and genetic predictors of response to certain medicines

### Commissioning

- To support the commissioning of appropriate genetic health care for the local population in primary secondary and tertiary settings
- Working within a (regional) genetics commissioning consortium
- Support the development and implementation of local guidelines

## 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](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 relevant national advice issued by organisations such as:

- NHS Genetics Education and Development Centre  
<http://www.geneticseducation.nhs.uk>
- Primary Care Genetics Society  
<http://www.pcgs.org.uk>

#### In addition:

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

- National service frameworks

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](http://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 such as specialists in genetics (or consultants with a special interest in genetics)
- 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
- Support from local consultants including geneticist(s) and genetic counsellors

### 2.2 SUPPORT AND FACILITIES

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

- Direct access to support and supervision from genetic specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring, including direct access to diagnostic services (including reporting)
- Access to educational material / clinical reference databases (including supported learning), 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](http://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](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

The commissioner should give consideration to the following aspects of the PwSI service<sup>1</sup>:

- **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

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<sup>1</sup> [http://www.cgsupport.nhs.uk/downloads/Board/strategic\\_leadership\\_CG\\_PCTs/cg2es.pdf](http://www.cgsupport.nhs.uk/downloads/Board/strategic_leadership_CG_PCTs/cg2es.pdf).

# 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
- Awareness of relevant national guidance regarding genetics
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

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.uk](http://www.rcgp-curriculum.org.uk)) 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

## 3.2 SPECIFIC COMPETENCES

In developing the capacity and capability for providing genetics-based health care, it is important to build on skills already in existence in general practice. The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues, eg, the ability to recognise and assess genetic risk based on family history and to communicate the level of risk to individuals and families.

It is not intended that a PwSI in Genetics 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.

*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 Genetics are summarised below:

- Primary care genetics, including public health genetics
- Education and evaluation
- Leadership
- IT skills
- Management

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, eg, attachment to a genetics unit under the supervision of an educational supervisor
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific topics relevant to genetics
- As a trainee or other post under the supervision of a specialist or consultant in genetics 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
- 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

Practitioners dealing with the genetics and / or management of serious and rare genetic conditions not frequently seen in general practice, should have a minimum of 24 hours per year face-to-face patient contact within an appropriate specialist service in direct contact with a senior specialist clinician. This equates to about eight clinical sessions per year.

For practitioners needing to develop / achieve their competences and CPD it is important to work at least one session a week in the specialist area (see section 7.1) to achieve practical training.

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for PwSIs.

## 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:

- 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)
- Simulated role-play objective structured clinical examination (OSCE)
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/ knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences
- Demonstration of clinical and management skills through annual appraisal
- A periodic case note review by the education supervisor

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 genetics.

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 would be expected to form part of the annual appraisal.

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 genetic specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care genetics organisation (eg, the Clinical Genetics Society, the Primary Care Genetics

Society, etc) will provide further opportunities for PwSIs to develop their knowledge and skills through attendance at educational events and update meetings.

## PwSI IN GENETICS PORTFOLIO

The portfolio should provide a track record of providing high quality genetics 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 genetics 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

## 6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of 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

## 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 Genetics 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.

These competences have been adapted from *A Competence Framework for GPwSIs in Genetics*<sup>2</sup> which were initially developed by Virginia Leggatt, Anna Stone and Melissa Martyn as part of a collaboration between the GPs with a specialist interest in Genetics and the National Genetics Education Centre.

Please note that the presentation of the competence tables in this framework is different from the other specialist frameworks in order to reflect the source material mentioned above.

## PRIMARY CARE GENETICS, INCLUDING PUBLIC HEALTH GENETICS

<b>At Appointment (Essential)</b>	<b>After Appointment (Reflects development in role)</b>	<b>Suggested sources of evidence</b>
<p>Meet the genetics learning outcomes described in the 'Genetics in Primary Care' curriculum statement (<a href="http://www.rcgp-curriculum.org.uk/pdf/curr_6_Genetics_in_Primary_Care.pdf">http://www.rcgp-curriculum.org.uk/pdf/curr_6_Genetics_in_Primary_Care.pdf</a>). In particular, PwSIs should be able to demonstrate:</p> <ul style="list-style-type: none"> <li>• Ability to identify patients with or at risk of genetic conditions (eg, early age of onset). Intervene appropriately in the context of multi-disciplinary care</li> <li>• Ability to take a family history and assess genetic risk</li> <li>• Ability to effectively <i>communicate</i> genetic information eg, distinction between predictive and diagnostic genetic testing</li> <li>• Understanding of the ethical, legal and social implications of genetic information relevant to primary care eg, issues relating to insurance and genetic testing of children</li> <li>• Understanding the roles of different genetics professionals and local referral procedures</li> </ul>	<p>Demonstrate expanded clinical genetics knowledge and experience</p> <p>Demonstrate an ability to provide advice and support to other primary care practitioners on how best to meet the needs of their patients with, or at risk of, a genetic condition or with concerns about an inherited condition</p> <p>Act as a point of contact between primary care and specialist genetics services, which includes being able to assist practices to access specialist genetics services appropriately</p> <p>Demonstrate an understanding of current developments in genetics relevant to primary care practice</p>	<p><u>At appointment:</u> <i>Evidence of genetics experience at undergraduate or postgraduate level or attendance at specific genetics courses</i></p> <p><u>After appointment:</u> <i>Evidence of attendance at outpatient genetics clinics and clinical genetics meeting with reflective learning and mentoring by a geneticist. Membership of a genetics professional society eg, British Society of Human Genetics (BSGH), Primary Care Genetics Society and attendance at meetings</i></p>

<sup>2</sup> NHS National Genetics Education and Development Centre (2007) *A Competence Framework for General Practitioners with a Special Interest in Genetics*. NHS National Genetics Education and Development Centre, Birmingham. ISBN: 978-0-9556680-2-9

## EDUCATION AND EVALUATION

<b>At Appointment (Essential)</b>	<b>After Appointment (Reflects development in role)</b>	<b>Suggested sources of evidence</b>
<p>Demonstrate experience in the teaching and training of health care professionals</p> <p>Demonstrate an awareness of the structure of primary care education</p> <p>Demonstrate an awareness of educational theory in the delivery of education to health care professionals. This may include learning styles, teaching methods, presentation skills and evaluation</p>	<p>Demonstrate ability to use research methods to assess learning needs for genetics education in primary care</p> <p>Demonstrate an ability to identify and use different educational methods to address learning needs identified in primary care</p> <p>Demonstrate ability to use methods of evaluating educational initiatives</p>	<p><u>At appointment:</u> <i>Evidence of having been a GP trainer, teaching medical students, practice nurses, pharmacists or other health professionals or having a postgraduate qualification in education</i></p> <p><u>After appointment:</u> <i>Evidence for skills demonstrated through appraisal</i></p>

## LEADERSHIP

<b>At Appointment (Essential)</b>	<b>After Appointment (Reflects development in role)</b>	<b>Suggested sources of evidence</b>
<p>Demonstrate an understanding of the structure of the local organisation of primary care</p> <p>Demonstrate leadership and networking skills, for example having set up new systems in general practice or in education</p>	<p>Demonstrate an ability to act as a champion, advocate and leader for genetics in primary care eg, including raising awareness of the impact of genetics and developments that are applicable to primary care practice</p> <p>Demonstrate an understanding of how genetics services are commissioned in the local area and the role that primary care can play in delivering some of these services.</p>	<p><u>At appointment:</u> <i>Evidence may include having established new clinical services or being a leader in the GP registrar training programme. Leadership skills may also be demonstrated in areas outside general practice</i></p> <p><u>After appointment:</u> <i>Evidence may be demonstrated through appraisal or project updates</i></p>

## IT SKILLS

At Appointment (Essential)	After Appointment (Reflects development in role)	Suggested sources of evidence
<p>Demonstrate an ability to use primary care computing system(s)</p> <p>Demonstrate and ability to use standard software such as word processing, presentation and email packages</p> <p>Demonstrate an ability to use literature searching software such as PubMed, Ovid MEDLINE etc</p> <p>Demonstrate an awareness of useful genetics resources - on-line and paper-based</p>	<p>Demonstrate regular use of genetics resources, eg, NHS National Genetics Education and Development Centre (<a href="http://www.geneticseducation.nhs.uk">http://www.geneticseducation.nhs.uk</a>), recently published reports, eg, Department of Health's genetics white paper progress review (<a href="http://www.geneticseducation.nhs.uk/downloads/white_paper_review.pdf">http://www.geneticseducation.nhs.uk/downloads/white_paper_review.pdf</a>), Genetic Conditions Specialist Library (<a href="http://www.library.nhs.uk/genepool">http://www.library.nhs.uk/genepool</a>), GeneTests, a medical genetics information resource (<a href="http://www.genetests.org">http://www.genetests.org</a>)</p>	<p><i>Evidence could include working as a GP in a computerised 'paperless' practice</i></p>

## MANAGEMENT

At Appointment (Essential)	After Appointment (Reflects development in role)	Suggested sources of evidence
<p>Demonstrate an understanding of NHS management skills</p> <p>Demonstrate an awareness of project management skills</p> <p>Demonstrate an awareness of the importance of Primary Based Commissioning</p>	<p>Demonstrate advanced management skills. This may include, for example organising or chairing meetings, or managing others' agendas during negotiations</p> <p>Demonstrate advanced project management skills</p>	<p><u>At appointment:</u> <i>Experience in staff management, audit, setting up and running specific clinics or being a committee member.</i></p> <p><u>After appointment:</u> <i>Evidence may be demonstrated through appraisal or project updates</i></p>

## PROJECT SPECIFIC COMPETENCES

Examples of project specific competences from the pilot GPwSI projects are available in 'A Competence Framework for GPwSIs in Genetics'<sup>3</sup>

<sup>3</sup> A Competence Framework for General Practitioners with a Special Interest in Genetics. NHS National Genetics Education and Development Centre, January 2007. (Document developed by the GPwSI Genetics and NHS National Genetics Education and Development Centre.)

# APPENDIX 2: ASSESSMENT TOOLS

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

- It is strongly recommended that a series of clinical assessments takes place four times during the period of training prior to the PwSIs becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician or consultant, 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.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

# APPENDIX 3: LINKS TO OTHER RESOURCES

## USEFUL DOCUMENTS

NHS National Genetics Education and Development Centre (2007), *A Competence Framework for GPwSIs in Genetics*, NHS National Genetics Education and Development Centre, Birmingham, ISBN: 978-0-9556680-2-9

Bennett, C, Burton, H, Farndon, P, *Competences, education and support for new roles in cancer genetics services: outcomes from the cancer genetics pilot projects*, *Familial Cancer* 6, 2007 ; 171-180

Murray, P, *Review of training and proposals for arrangements for a national training programme for haemoglobinopathies*, Report for National Screening Committee (NSC)

## WEBLINKS

### **Royal College of General Practitioners**

*GP Curriculum, Statement 6 – Genetics in Primary Care*

[http://www.rcgp-curriculum.org.uk/pdf/curr\\_6\\_Genetics\\_in\\_Primary\\_Care.pdf](http://www.rcgp-curriculum.org.uk/pdf/curr_6_Genetics_in_Primary_Care.pdf)

### **Department of Health**

*Our Inheritance, Our Future – Realising the potential of genetics in the NHS*, June 2003, CM 5791

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006538](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006538)

### **Macmillan**

*Cancer Genetics The Kenilworth Model*, Report of an expert working group

[www.macmillan.org](http://www.macmillan.org)

### **NHS National Genetics Education and Development Centre**

*Competences for genetics in clinical practice for non-genetics healthcare staff - workforce competences in genetics developed by Skills for Health and the NHS National Genetics Education and Development Centre*

<http://www.geneticseducation.nhs.uk/develop/index.asp?id=44>

Information and resources for health professionals and their educators learning and teaching genetics [www.geneticseducation.nhs.uk](http://www.geneticseducation.nhs.uk)

### **Public Health Genetics Foundation**

*Education in Genetics for Health Professionals – Report to the Wellcome Trust*, Hilary Burton, Public Health Genetics Unit (PHGU), July 2002, (1st stage review of current provision published) [www.phgu.org.uk/about\\_phgu/education.html](http://www.phgu.org.uk/about_phgu/education.html)

*Addressing Genetics, Delivering Health*, Hilary Burton, 30 September 2003  
[www.phgu.org.uk](http://www.phgu.org.uk)

Melzer, D, *My very own medicine- What must I know* et al, PHGU,  
 October 2003 [www.phgu.org.uk/about\\_phgu/pharmacogenetics.asp](http://www.phgu.org.uk/about_phgu/pharmacogenetics.asp)

## APPENDIX 4: MEMBERSHIP OF GENETICS PwSI STAKEHOLDER GROUP

**We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:**

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