

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

HEADACHE



**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](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 Headache 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 Headache. 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

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Headache* 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](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419))

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

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 Headache 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 need to be reminded 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.**

This 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 HEADACHE**

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 these clinicians. It is provided for doctors and 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. 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 headache. The role may also encompass teaching trainee GPs, qualified GPs, and other staff, for example nurses who may advise on contraception for women with migraine.

Different models for delivering headache services are used in the UK, with no unified scheme in use, and individuals often develop their own practices. Schemes may vary from the clinical assistant role to fully developed service provision.

With the creation of any new service it is important that other health care specialists, PwSIs in Headache and GPs work together to agree on how patients will normally be triaged, diagnosed and managed. The collaboration of specialists is important, as they will provide some continuing medical education, and occasional second opinions.

GPs and pharmacists, working together with the patient, determine to whom the patient is referred. From their perspective the PwSI service needs to be collaborative across the specialities, accessible, satisfy patients, and provide helpful advice in the management of what is frequently a long-term, albeit relapsing-remitting condition.

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

## REFERRAL PATHWAYS

*When planning the type of patients being seen by the service it is important to recognise that it is **not** expected that a PwSI in Headache will accept, assess, investigate and treat new referrals in isolation of specialist services.*

The following points are provided to support the use of appropriate referral pathways:

### **Patients appropriate for referral to a PwSI Service in Headache include:**

- Specific migraine subgroups unsuitable for management in primary care (patients with contraindications to medications, medication-related side effects, co-morbidities and those at-risk, eg, patients overusing symptomatic medications)
- Patients with chronic headaches: chronic daily headache (CDH) and medication overuse headache (MOH)
- Patients with short-lasting headaches: cluster headache and short, sharp headaches
- Headaches associated with old age: trigeminal neuralgia, post-herpetic neuralgia and temporomandibular dysfunction
- Patients with refractory 'sinus' headaches (although most 'sinus' headaches are in fact migraine)
- Headache of unknown cause / uncertain diagnosis (excluding sinister headaches)
- Patient's request: some patients express fear and anxiety in relation to their headache symptoms and ask for a second opinion or a scan

### **Patients appropriate for treatment by the GP include:**

- Patients with episodic tension-type headache
- Patients with uncomplicated migraine

### **Patients appropriate for treatment by the pharmacist include:**

- Patients with uncomplicated migraine
- Patients with uncomplicated recurrent headache on polypharmacy

### **Patients appropriate for a referral to a neurologist would include those people:**

- Who have suspected sinister headache
- Who do not respond to management by the PwSI or who request another opinion
- With rare headache subtypes, eg, the rare migraine variants and trigeminal autonomic cephalalgias (eg, SUNCT)
- Who are anxious about their conditions despite reassurance

## EXAMPLES OF A PwSI SERVICE IN HEADACHE

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

### Clinical Services

- Providing a clinical service for patients with headache, including care to special groups (eg, children and adolescents, pregnant, breastfeeding and menopausal women, and older people) or conditions
- Developing local guidelines on headache management for use by PCTs and their practices
- Developing clinical pathways for patients with headache across the primary and secondary care interface, in conjunction with other professionals (community pharmacists, neurologists, specialist nurses, clinical psychologists, physical therapists, primary care teams and patient representatives)
- Promoting the use of templates for annual review, and assist practitioners in conducting audits of their care of patients with headache

### Leadership

- Providing clinical leadership in the development of headache services for primary care across the PCO
- Leading the development for shared care services for patients with headache

### Education

- Providing up-to-date information on how to access education, employment and related social aspects of headache
- Providing educational support to patients
- Training other practitioners with an interest in headache care
- Training SHOs and GP registrars in the clinic context about headache management

### Liaison

- In partnership with others (eg, general practice tutor, PCO Education advisor, Post Graduate Dean, pharmacy education providers), develop the skills and knowledge of primary care practitioners in the management of patients with headache
- Develop and foster close links with secondary care services
- Sharing their experience with other PwSIs and searching for ways to improve the service
- Sharing experience with colleagues across the interface and facilitating the patient journey

### 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:

- Headache UK <http://www.headache.org>
- MIPCA <http://www.mipca.org.uk>
- Royal College of General Practitioners <http://www.rcgp.org.uk>
- Primary Care Neurology Society (P-CNS) <http://www.p-cns.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
- 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 Headache include the following:

- Direct access to support and supervision from neurologists and / or headache specialists A headache specialist is a secondary care physician who specialises in headache management, rather than a general neurologist
- Direct access to specialist support including specialist investigations such as MRI and CT scanning procedures
- Access to clinical network / mentor or educational supervisor
- Access to shared care services, including multi-disciplinary team members, eg, specialist nurses, clinical psychologists and physical therapists
- 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
- 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](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:

- **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)

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### 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.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

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### 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 Headache 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.*

## FOR GENERAL PRACTITIONERS

The competences for a PwSI in Headache are summarised below:

- Opportunistic screening
- Diagnosis
- Emergency treatment
- The first consultation
- Information provision
- Management of Headache through drug therapy
- Follow-up care
- Other therapies
- Re-referral to secondary care
- Managing Headache in children and young people
- Managing Headache in Older people
- Managing Headache in people with learning difficulties
- Headache co-morbidities
- Local service delivery
- Clinical leadership and co-ordinated care

The full guidance can be found in Appendix 1.

## FOR PHARMACISTS

Pharmacists are expected to have the relevant competences dependent on the requirements of the service being commissioned. Some of these are similar to those of general practitioners and may be drawn from the same overall list in Appendix 1. Guidelines for headache management have been developed by MIPCA for use by pharmacists to enable them to treat appropriate patients (mostly those with tension-type headache (TTH) and uncomplicated migraine) and to refer patients with more severe headaches to the GP team. The aim is to provide a seamless service to patients, with the appropriate professional delivering tailored care to each individual.

To date, competences for pharmacists with a special interest in headache are not clearly developed and further work is required to develop their roles and inter-relationships with other professionals. This framework provides a starting point for that process, and any PhwSIs in headache who develop in the future will be required to demonstrate appropriate competences in line with the procedure outlined in this publication.

# 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 post under the supervision of a specialist or consultant in headache 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
- Successfully completing a postgraduate course in headache management
- 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 specific service requirements. Pharmacists with a special interest in headache are expected to demonstrate a range of evidence in line with the generic PhwSI competence framework and a structured reference from an objective, relevant and independent clinician to confirm their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Headache will need to draw on support from headache 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 practice using modified mini clinical examination
- 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) may be appropriate for some clinical skills, eg, fundoscopy
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- 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

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 headache.

This mandatory process is being locally implemented and therefore accreditation panels may serve one or more PCTs, or work across a larger area, eg, that served by a postgraduate deanery. The Royal College of General Practitioners recommends that a locally convened accreditation body, involving a PCT representative (eg, Professional Executive Member, Clinical Governance Lead), a representative from local postgraduate department and a lead specialist clinician determine the exact competences required for the service, evidence required to demonstrate successful acquisition, means of approving the PwSI in Headache and criteria for revalidation.

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 which will identify their learning needs 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 headache specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate professional body (eg, MIPCA, which has a PwSI group and BASH, which is predominantly dedicated to secondary care) will provide further opportunities for PwSIs to develop their knowledge and skills through attendance at educational events and update meetings.

## PWSI IN HEADACHE PORTFOLIO

The portfolio should provide a track record of providing high quality headache 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 headache 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 Headache 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.

## Opportunistic Screening

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To recognise headache as a patient problem and take the first steps in its management	The classification, epidemiology, aetiology and pathophysiology of headache	Take detailed history of the event and its context
		Communicate with the patient and assess the need for further investigations
	The indications for CT, MRI scans and other investigations that may require referral to hospital-based secondary care services	Use initial screening questionnaires
		Liaise with practice teams and other healthcare professionals

## Diagnosis

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To provide either differential diagnosis (inclusive diagnosis) or exclusive diagnosis of the individual's headache	When to use inclusive questionnaires (eg, International Headache Society [IHS], MIPCA) and exclusive questionnaires (eg, ID Migraine for migraine)	Screen for sinister headaches
		Take a history noting key features
		Undertake appropriate examinations, eg, recognition of papilloedema and focal neurological abnormality, and scalp and skull examinations
		Identify patients requiring referral to hospital-based secondary care services
		Provide a prognosis of acute and chronic headaches

### Emergency treatment

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To initiate the protocol for the assessment and treatment of very acute and atypical headaches	How to screen for sinister headaches and knowing when to refer immediately	Select appropriate acute treatments
		Follow protocols for treating very acute headaches and possibly sinister headaches
		Follow protocols for working with hospital-based secondary care physicians

### The first consultation

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To demonstrate the ability to screen, assess and treat headache appropriately at first presentation	Effect of co-morbidities	Tailor treatment to the patient's individual needs
	The role of care pathways in the treatment of headache	Set up a follow-up care plan
	The appropriate use questionnaires, eg, impact (Migraine Disability Assessment (MIDAS) questionnaire, Headache Impact Test (HIT)), quality of life (QoL)	Assess severity of illness and presenting headache
	Appropriate provision of drug treatment (acute / preventive)	Select an appropriate initial therapy plus rescue medication
	Appropriate non-drug treatment (behavioural, physical and complementary therapies)	Identify the patients who require investigations
	The role and application of biochemistry monitoring and CT and MRI scanning	Communicate effectively with the patient and manage expectations
		Discuss the relationship between fertility, sexual dysfunction, menopause, breastfeeding, menarche, contraception and associated risk factors and pregnancy or child care and headache (and its management) with the individual as appropriate

### Information provision

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To be confident in discussing and informing the individual about their condition, living with headache, treatment options, cause and prognosis and how they can access further information	How headache may impact on the employment, education, unpaid work, family and leisure activities of the individual	Emphasise and coordinate self-management by the patient
	The value and breadth of information resources, support and education available to individuals and their families from voluntary organisations, eg, MIPCA, MAA, Migraine Trust	Appreciate the particular needs of women, children and adolescents, those with learning disability, those from the ethnic communities and the elderly
		Confidently discuss and inform the individual about their type of headache, cause and prognosis
		Manage individual episodes of headache and refer appropriately

### Management of headache through drug therapy

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To provide appropriate drug treatment, maintaining awareness of the associated indications, interactions and side effects of common headache drugs (acute and preventive)	Co-morbidities and how to tailor therapy appropriately	Enquire for side effects and evaluate efficacy of therapy
	All headache drugs and their efficacy, side effects, interactions, contraindications and special warnings (overview)	Administer acute treatments (analgesics, combination analgesics, triptans, ergots, symptomatic treatments)
	Initial versus rescue versus follow-up medications	Administer preventive treatments (beta-blockers, neuromodulators, serotonergic drugs, antidepressants, other drugs)
	The issues associated with drug withdrawal, overuse and resistance	Promote compliance and patient understanding of their therapy
Select appropriate drugs for each patient		

### Follow-up care

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To provide appropriate follow up care	The nature and principles of regular planned review of diagnosis, treatment efficacy, side effects and the need to switch treatment	Provide referral and follow up plans
	When to switch and not to switch treatments	Liaise with hospital-based secondary care services for patients who have been, or require, referral
	When to prescribe preventive treatment	
	When to refer to hospital-based secondary care services	Maximise regular consultations through the appropriate use of impact and other questionnaires
	Headache phases (migraine particularly)	Provide to meet the information and advice needs of patients and carers
	Evolution of headache through a patient's life	

### Other therapies

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To understand the range and scope of other non-drug treatments for headache	Behavioural therapies, eg, trigger avoidance, relaxation, biofeedback	Manage with patient expectations
	Physical therapies, eg, acupuncture, massage	Discuss with the patient the role of complementary, physical and behavioural therapies, diets and lens filters in the management of headache
	Complementary therapies, eg, feverfew, butterbur root, magnesium, vitamin B2, Coenzyme Q	Critically review and appraise such treatments which may not always prove to be effective. It would be advisable to liaise with specialist medicines information services (eg, UKMi centres) to provide evidence-based data and advice

	New developments (eg, greater occipital nerve block, botulinum toxin A, patent foramen ovale closure, implants)	
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### Re-referral to secondary care

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
<p>To re-refer in the event of treatment failure, changes in headache and the presentation of unusual headaches eg, cluster, hypnic, Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT), hemicrania continua</p> <p>This includes patients who may be very anxious about their condition despite reassurance</p>	The criteria for changes in headache character.	Understand criteria for changes in headache character
	The implications of patient life changes (eg, work, adolescence, contraception, pregnancy, middle and old age)	Identify when there is a need for investigation of possibly sinister headache.
		Identify when there is a need for investigation of co-morbidity
		Recognise these headaches by differential diagnosis procedures
		Conduct formal and informal discussions with secondary care physicians. Cross referral of patients
	Liaise with hospital-based secondary care services	

### Managing Headache in children and young people

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To provide for the needs of children and young people with headache	How school issues, personal needs, education, social and family interactions, co-morbidities, puberty, recreational drugs, drug overuse, legal and social issues may impact on the headache management of young people	Track headache evolution through childhood
	Headache 'equivalents' in young children	

	Special treatment needs and restrictions of young people	
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### Managing Headache in older people

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To provide for the needs of older people with headache	<p>The different presentations of existing headache with age and development of new headaches associated with increasing age</p> <p>The special treatment needs of older people, especially with respect to co-morbidities and polypharmacy</p>	<p>Provide treatment when co-morbidities and polypharmacy are present.</p> <p>Discuss the physiology, disability and social aspects of headache with the patient</p>

### Managing Headache in people with learning difficulties

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To understand the principles of assessing and treating individuals with learning disability	The role of co-morbidity, disability, environment and medication in behaviour problems and ability to assess these factors	Support and inform patients, carers and families
	The diagnostic difficulties involved when assessing headache in people with a learning disability	Communicate with and support the patient
	The role of the carers and families in the management of an individual with a learning disability	
	Issues of consent, decision making and carers	

### Headache co-morbidities

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To manage common headache co-morbidities	How psychiatric disorders, depression and anxiety, epilepsy, cardiovascular disorders, especially stroke may impact on headache presentation and management	Recognise and appropriately manage or refer patients with headache co-morbidities

### Local service delivery

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To work in partnership with others to develop the skills and knowledge of primary (and secondary) care to manage patients with headache	The needs of patients with headache	Communicate effectively
	The role of patient support organisations	Able to teach and train other trainee doctors / GPs / nurses within the clinics
	The networks of carers and services involved in the provision of care to patients with headache	Establish a headache register and use it for call, recall, audit and outcome
		Provide information about support organisations, for example MAA and the patient area of MT
	Conduct an educational meeting with referring practices to maximise their potential	

### Clinical leadership and co-ordinated care

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To identify the need, and lead on the development for shared care and other headache services across the locality	The principles of service and clinical leadership	Act as a champion, advocate and leader for headache in primary care
	Service configuration and the role of local trusts and government organisations such as DH	
	The structure of local primary care organisations and the role of Practice Based Commissioning Groups	Forge links with primary care providers and hospital based paediatric and neurology services
		Initiate and maintain links with the UK voluntary organisations and support services for people with headache, eg, MIPCA, MAA, Migraine Trust
	Develop and maintain links with local trusts and practices	
	Government policy on service priorities and settings as well as key national documents, strategies, action plans and toolkits aimed at improving services to patients with headache	To signpost resources, eg, MIPCA/RCGP MAA, Headache UK DH, Strategic Health Authorities, PCTs

# 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 headache:**

- It is strongly recommended that a series of clinical assessments takes place four times during the period of training 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.
- 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

## PUBLICATIONS AND DOCUMENTS

MIPCA and BASH evidence-based guidelines on headache management

[www.mipca.org.uk](http://www.mipca.org.uk)

## PHARMACIST COMPETENCES

Glover C, Greensmith S, Ranftler A, Donkin G, Jamieson L, Charlesworth P, Turner A, Dowson AJ, *Guidelines on headache management for use by the pharmacist*, Pharmaceutical Journal 2007; in press

Glover C, Greensmith S, Ranftler A et al, *Guidelines on the management of headaches – Part 1*, Optician 2006;231:20–23

Glover C, Greensmith S, Ranftler A et al, *Guidelines on the management of headaches – Part 2*, Optician 2006;231:34–39

## GP COMPETENCES

Dowson AJ, Lipscombe S, Watson D, Clough C, Archard G. *A competences framework for General Practitioners with a Special Interest in Headache (GPSIH)*, Guidance from the Migraine in Primary Care Advisors (MIPCA) and the Royal College of General Practitioners (RCGP), Headache Care, 2006;3:91-102

## ORGANISATIONS

- MIPCA [www.mipca.org.uk](http://www.mipca.org.uk)
- Migraine Action Association (UK patient support group) [www.migraine.org.uk](http://www.migraine.org.uk)
- OUCH (cluster headache patient support group) [www.ouchuk.org](http://www.ouchuk.org)
- Migraine Trust [www.migrainetrust.org](http://www.migrainetrust.org)
- Headache UK [www.headache.org](http://www.headache.org)
- International Headache Society [www.i-h-s.org](http://www.i-h-s.org)
- Primary Care Neurology Society (P-CNS) [www.p-cns.org.uk](http://www.p-cns.org.uk)
- Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)

## RESOURCES

Available at [www.mipca.org.uk](http://www.mipca.org.uk)

- Screening questionnaire
- Headache history questionnaire
- Diagnostic questionnaires
- Assessing headache severity:
  - Migraine Disability Assessment (MIDAS) Questionnaire
  - Headache Impact Test (HIT)
- Choice of acute medications
- Screening for need for preventive medications
- Headache diaries
- Outcome questionnaires

## TRAINING

- The University of Central Lancashire (UCLan) postgraduate course on headache management in primary care  
<http://www.uclan.ac.uk/courses/pg/files/mhccspsc.htm>
- Completing the MIPCA website educational modules  
[www.mipca.org.uk/learn](http://www.mipca.org.uk/learn)

# APPENDIX 4: MEMBERSHIP OF HEADACHE 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:**

## **Clinical Lead**

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Dr Chris Clough	Royal Colleges of Physicians / NSF Chronic Conditions
Dr Alastair Compston	Association of British Neurologists
Dr Ian Donald	PwSI Care for Older People, RCGP
Dr Lionel Ginsberg	Association of British Neurologists
Dr Alison P Hill	Department of Health
Dr David Kernick	Chair, British Association for the Study of Headache, GPwSI
Dr Bill Laughhey	GPwSI Headache
Dr Susan Lipscombe	GPwSI Headache
Dr Chris Manning	Primary Care Neurology Society
Dr Colin Mumford	Association of British Neurologists
Dr Richard Peatfield	Vice-Chair, British Association for the Study of Headache
Sheila Pitt	Commissioner
Dr Alexander Pothén	GPwSI Headache
Dr Trevor Rees	GPwSI Headache
Dr Greg Rogers	Primary Care Neurology Society
Dr Phil Smith	Association of British Neurologists
Dr Henry Smithson	International League Against Epilepsy
Alan Stibbs	Commissioner
Lee Tomkins	Director, Migraine Action Association (on behalf all groups)
Dr Graham Venables	Association of British Neurologists
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Dr Dennis Williams	GPwSI Headache
Dr Stephen Wroe	Association of British Neurologists
Dr Adrian Wills	Association of British Neurologists
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Dr Clare Gerada	RCGP Vice Chair
Colette Marshall	RCGP Head of Clinical and Research
Layla Brokenbrow	RCGP Project Manager, Clinical Innovation and Research Centre

RCGP Professional Development Board

## **Pharmacy**

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Beth Taylor	National Development Lead, Pharmacists with Special Interests, NHS Primary Care Contracting Team
Gail Thomas	English Pharmacy Board, RPSGB

Migraine Action Association

Migraine Trust

Organisation for the Understanding Of Cluster Headaches (OUCH UK)