

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

LEARNING DISABILITIES



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 Learning Disabilities 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 Learning Disabilities . 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

People with learning disabilities will have a greater than average prevalence of co-morbidity and lower level of provision of healthcare across a range of health conditions (including epilepsy and physical, behavioural and mental health problems). They are at increased risk of early death compared with the general population and more likely to have a preventable cause of death.

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).

Developed with the support of the RCGP Learning Disabilities Task Group, the document relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Learning Disabilities.

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 Learning Disabilities 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.

Joint working between service providers involved in the care of people with LD is critical to achieving the service objectives and intended health outcomes for this patient population and it is very important that all service providers and patients and family and carers are involved at all stages of service development.

These objectives are consistent with those of the Primary Care Service Framework for people with learning disabilities:

To equip commissioners, providers and practitioners with the necessary background knowledge, service and implementation details to safely commission and deliver a high quality, integrated service for the management of health for people with learning disabilities in primary care as a means of improving health and quality of life.

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
LEARNING DISABILITIES**

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

This framework does not wish 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 SPECIFIC SERVICES THAT CAN BE PROVIDED

The specific services that can be provided are dependent on the current available services, the needs of the local community and the diversity and complexity of the patients', families' and carers' needs. PwSIs will form one of a series of integrated options for the delivery of learning disabilities services across a PCT. The specific activities of a PwSI in Learning Disabilities will depend on the service configuration, their role may include raising the awareness of the health needs of people with learning disabilities and supporting primary and community practitioners in identifying and confidently, and competently, meeting these needs.

Good health care for people with learning disabilities implies a comprehensive health service co-ordinated by primary care but with close working relationships and support as required from specialist learning disabilities health professionals.

In particular, there needs to be robust partnerships with community learning disabilities teams. A PwSI should add value to this service and aim to ensure that the general practitioner's and community pharmacist's response to patients with learning disabilities promotes inclusion and is in line with best practice.

The PwSI will also have a role in promoting the application of the Primary Care Service Framework for Learning Disabilities.

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
- Number of service users and the spectrum of their disability
- Type of service(s) being delivered
- Transition from children to adult services
- Appropriateness of referral
- Investigation from non-specialist colleagues (in early stages may need to restrict direct referral / investigation from non-specialist GPs)
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working

- Caseload / frequency
- Poly-pharmacy and complex treatment regimes
- Complexity of health need
- Co-morbidity
- Health education need
- Role of family / carers and support available

Please Note:

*It is **not** expected that a PwSI in Learning Disabilities will become the responsible practitioner caring for all patients who have learning disabilities.*

The PwSI should be a practising professional with personal responsibility for a number of patients with learning disabilities. In addition to this generalist role the PwSI will be expected to provide support and management advice to other practitioners in the local area.

It is expected that the patient's own GP will be able to meet most of the everyday needs of people with learning disabilities. Referral to a PwSI will be for specialist advice on management.

EXAMPLES OF A PwSI SERVICE IN LEARNING DISABILITIES

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

Clinical Services

- Provide clinical and management advice for patients, carers and relevant professionals. This includes, where appropriate, targeted support, eg, parents with learning disabilities or specific conditions
- Support practitioners to undertake clinical assessment of patients with learning disabilities who may have mental health problems (dual diagnosis) and physical and / or neurological disorders
- Provide specialist pharmaceutical care for patients with learning disabilities and their carers
- Provide clinical medicines management support to residential and supported housing for people with learning disabilities

Liaison

- In collaboration with specialist services co-ordinate and provide seamless care and delivery of treatment for patients with LD and mental health problems
- In partnership with the individual, their family and other key stakeholders, support the development of relevant clinical pathways for patients with learning disabilities, eg, patients with learning disabilities who also suffer from dementia
- In collaboration with specialist health and social services contribute to the co-ordination, oversight and auditing of health care issues and initiatives particular to learning disabilities, eg, uptake of health checks, development of health action plans, psychotropic drug use and access to health services applicable to the general population (such as the uptake of breast screening)

Educational Services

- In partnership with others (eg, specialist learning disabilities professionals, PCT Education Advisor, Post Graduate Dean, psychiatrists working in LD) and, in particular, people who use services and their carers, develop the skills and knowledge of primary care to manage the health needs of patients with learning disabilities
- Support practices to undertake comprehensive and individualised health checks for people with learning disabilities and ensure registers are well maintained and care plans audited
- Feed into local strategies such as workforce development
- Provide information about how people with learning disabilities and their carers can get support and improved understanding of health needs, eg, expert patient and expert carers programmes and local self help and advocacy groups
- Provide, at an appropriate level and in an appropriate format, details on accessing information about training, education and employment
- Provide information and support to practices and practitioners on best practice in relation to the care of individuals with learning disabilities and their carers

Leadership Services

- Ensure PCO commissioning and planning activities take account of the needs of people with learning disabilities when they attend “in” or “outpatient” services and clinic, eg, making reasonable adjustments to address issues such as consent or communication difficulties and planning proper support to meet basic care needs when admitted
- Lead the development for shared care services for patients with learning disabilities and promote their inclusion in all clinical services
- Provide clinical leadership within the PCO to ensure that the needs of the learning disabilities population are identified, in collaboration with people with learning disabilities and their carers, and included in relevant commissioning and provider strategies
- Provide support to general practitioners and other health care professionals to improve the “health experience” and health outcomes for patients with learning disabilities

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). This will entail partnerships of working between Primary and Secondary Care, as well as Social Services.

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:

- Department of Health
<http://www.dh.org.uk>
- National Institute for Health and Clinical Excellence
<http://www.nice.org.uk>
- Royal College of Psychiatrists (National guidelines)
<http://www.rcpsych.ac.uk>
- Royal Society for Mentally Handicapped Children and Adults (MENCAP)
<http://www.mencap.org.uk>

It would be a reasonable expectation that a PCO may use a PwSI in Learning Disabilities to support other practitioners in meeting these quality markers. The PCO should also be advised by a PwSI in Learning Disabilities about the development of National or Locally

Enhanced Services for health checks for people with learning disabilities and other elements of the PC Service Framework as appropriate.

In addition:

There is a need to remain up-to-date in an area of rapidly changing policy such as:

- The General Practitioner Contract: This will define a number of quality markers for GPs in relation to treatment and monitoring of care of patients with learning disabilities
- Primary Care Service Framework

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
- Multi-disciplinary working - Community Team for People with Learning Disabilities, primary health care team, LD psychiatrist, neurologist and other specialist services

2.2 SUPPORT AND FACILITIES

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

- Direct access to support and supervision from learning disabilities specialists
- Availability of anonymised data from individual practices in locality to assess outcomes
- Clinical and administrative support staff available as required for the particular 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

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)
- Knowledge and awareness of the complex issues surrounding confidentiality and safeguarding children and young people

GENERAL PRACTITIONERS

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

- Able to demonstrate that they meet the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org.uk) together with a holistic understanding of primary care practice
- Competence as a generalist practitioner is most readily demonstrated by 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 Learning Disabilities 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 Learning Disabilities are summarised below:

- History taking and diagnosis
- Referral for people with learning disabilities
- Clinical management of people with learning disabilities
- Management of drug therapy for people with learning disabilities
- Legal issues pertaining to the care of people with learning disabilities
- Local service delivery

The full guidance can be found in Appendix 1.

PHARMACISTS

Pharmacists are expected to have the relevant competences dependent on the requirements of the service. While some competences will be similar to those listed above, the prime focus of their contribution to the care of patients with learning disabilities will relate to medication and integrating with other relevant services.

The specific competences that PhwSIs will need to demonstrate during accreditation for a particular role will be drawn from those listed in Appendix 1 as appropriate, including the competence on management of drug therapy for learning disabilities.

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 learning disabilities 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
- Completed a postgraduate qualification, eg, postgraduate diploma in general pharmacy practice with a defined area of practice in the pharmaceutical care of people with learning disabilities
- Completion of a relevant specialist module as part of a recognised post graduate clinical pharmacy programme
- Experience of delivering a full clinical medication review service to people with learning disabilities
- As part of accredited training as a non-medical prescriber

It is recommended that the PwSI show evidence of relevant experience (to include working under direct supervision of clinical specialist in one or more clinical areas) and is able to demonstrate attainment of competences against core activities. The evidence 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 learning disabilities are expected to demonstrate a range of evidence in line with the generic PhwSI competence framework and, in addition, 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 Learning Disabilities will need to draw on support from learning disabilities 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 and senior professionals 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)
- 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 learning disabilities.

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 learning disabilities specialist service(s)
- Contribute to local clinical audits

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

For example:

- UK Psychiatric Pharmacy Group
<http://www.ukppg.org.uk/>

PwSI IN LEARNING DISABILITIES PORTFOLIO

The portfolio should provide a track record of providing high quality care of patients with learning disabilities 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 the care of patients with learning disabilities
- 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 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 Learning Disabilities 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.

HISTORY TAKING AND DIAGNOSIS

Objective	Knowledge Can demonstrate understanding of :	Skills Is able to
To take a full medical, drug, developmental and neurological history	The distinguishing clinical features of different aetiological conditions and their severity	Take a comprehensive history noting key features and their context from patient and/or carer in order to assist the provision of a differential diagnosis
To make an accurate diagnosis of any aetiological condition, the degree of learning disabilities and the associated health issues for the patient	The impact of common co-morbidities on the health of people with learning disabilities, eg, chronic physical illness, epilepsy, mental health issues	Perform basic neurological examination to include: cranial nerves (fundi, visual fields and eye movements), motor system, reflexes and plantar responses and co-ordination
		Refer for other investigations, which may require hospital-based secondary care services
		Communicate clearly and compassionately to the patient / carer the prognosis of newly diagnosed and chronic learning disabilities
		Manage patient / carer expectations

REFERRAL FOR PEOPLE WITH LEARNING DISABILITIES

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to
To refer for specialist investigations and care as appropriate	The indications for appropriate referral to other disciplines, eg, cardiology, psychiatry, psychology, neurology	Identify patients requiring referral to hospital-based secondary care, community and other specialist services and do so appropriately
	The role of continence therapy, speech therapy, chiropody, haematology, gastroenterology, cardiology, neurology, psychology, psychiatry	

CLINICAL MANAGEMENT OF PEOPLE WITH LEARNING DISABILITIES

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to
To appropriately manage the physical, psychological and mental health issues associated with learning disabilities, including the interaction with common co-morbid conditions, eg, Downs, autism, cerebral palsy	The health implications and clinical indications of learning disabilities	Manage cerebral palsy
		Screen for dementia / osteoporosis
		Manage thyroid function
		Assess postural care needs
	The areas of risk and actions to be undertaken to minimise these risks, eg, dysphagia and risk of aspiration pneumonia	Discuss the risks associated with learning disabilities and their minimisation with patient / carer
	Appropriate provision of drug treatment (acute / preventive)	Select an appropriate initial therapy and formulate review plan
	Appropriate non-drug treatment (psychological, behavioural, physical and complementary therapies)	Identify individuals who require investigations and refer appropriately
	Pain recognition and its management	Actively engage patients and carers in their own management
Behavioural issues, eg, sensitivity to sound, repetitive behaviours	Employ a multi-professional problem-solving approach – appreciating the importance of regular review, continuity of care and fine tuning of treatments	
Good observation skills	Communicate effectively with patients who have communication difficulties, eg, non-verbal	

	The psychosocial aspects of learning disabilities and issues around confidentiality	Build relationships and support clear communication with people with learning disabilities (verbal and non-verbal) and their family and carers
		Advise about health promotion and health screening for people with learning disabilities
		Discuss and advise about reproductive health throughout the age range
		Maintain appropriate confidentiality

MANAGEMENT OF DRUG THERAPY FOR PEOPLE WITH LEARNING DISABILITIES

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to
To take full drug history	The distinguishing features of different types of drug treatments	Take a comprehensive drug history noting key therapies, allergies, problem areas, etc
		Ensure that patient / carer understands drug therapy, monitoring for side effects, etc
To provide appropriate drug treatment, maintaining awareness of the associated indications, interactions and side effects of drugs and formulations commonly prescribed for people with learning disabilities	Co-morbidities and how to tailor therapy appropriately, eg, epilepsy, mental health problems	Manage learning disabilities and physical health complications, eg, constipation, incontinence, spasticity
		Promote compliance and patient / carer understanding of their therapy including carer role in management if required eg, buccal midazolam
	Drugs commonly prescribed for people with learning disabilities: efficacy, side effects, interactions, contraindications and special warnings (overview)	Enquire for side effects and evaluate efficacy of therapy
	Methods of administration of medicines through gastrostomy tubes and to people with dysphagia	Provide advice on pharmaceutical, legal and practical issues for drug administration through gastrostomy tubes
	Implications and effect of drug treatments on fertility, pregnancy and newborn children - awareness of teratogenic effects	Manage drug treatment in breast-feeding mothers
		Manage drug treatment in pre-conception care and during pregnancy

LEGAL ISSUES PERTAINING TO THE CARE OF PEOPLE WITH LEARNING DISABILITIES

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to
To manage clinical decision-making in all situations, and seek outside legal advice appropriately	Capacity and Consent	Provide information about support organisations and the legal aspects of learning disabilities, eg, Best Interest for patients, carers and families
	The Disability Rights Commission recommendations	
	Best Interest as it relates to learning disabilities	
	The Mental Health and Mental Health Capacity Act	
	Local policy regarding the safeguarding of children and protection of vulnerable adults	Provide pharmaceutical, practical and legal advice to carers on administration of medicines mixed with food
Law and best practice relating to covert administration of medicines		

LOCAL SERVICE DELIVERY

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To work in partnership with others to develop the skills and knowledge of primary (and secondary) care to manage patients with learning disabilities	The needs of patients with learning disabilities	Act as a champion, advocate and leader for learning disabilities in primary care
		Communicate and negotiate effectively
	The structure of local primary care organisations and the role of the voluntary sector and other patient / carer support organisations	Teach and train other primary care professionals
		Initiate and maintain links with the UK voluntary organisations and support services for people with learning disabilities
	Networks of carers and services involved in the provision of care to patients with learning disabilities	Promote use of the learning disabilities register for call, recall, audit and outcome
		Promote the development, regular review, audit and update of Health Action Plans

	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 learning disabilities	Signpost resources and develop and maintain links with local trusts and practices.
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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. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills).

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 learning disabilities:

- It is strongly recommended that a series of clinical assessments (eg, using a modified mini-CEX or video assessment or other face-to-face assessment) 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 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

Policy:

Valuing People 2001

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009153

Disability Rights Commission Report, 2007

<http://www.tsoshop.co.uk/bookstore.asp?FO=40152&Action=Book&ProductID=0102946205>

Death by Indifference, Mencap 2007

<http://www.mencap.org.uk/page.asp?id=55>

Mental Health Capacity Act 2007

http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/YourRightsInHealth/DG_10016888

Primary Care Service Framework: Management of Health for People with Learning Disabilities in Primary Care, July 2007

http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_ld_v3_final.pdf

Learning Disabilities Framework

www.intellectualdisability.info

Challenging Behaviour

RCPsych / BPS / RCSLT report on Challenging behaviour

<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr144.aspx>

The Challenging Behaviour Foundation: DVDs about challenging behaviour which would be very useful for GPs and PwSIs to know about

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

Royal College of Psychiatrists:

RCPsych Learning disabilities faculty

<http://www.rcpsych.ac.uk/college/faculties/learningdisability.aspx>

RCPsych Council Report on Psychotherapy and Learning disabilities
<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr116.aspx>

Books Beyond Words series
<http://www.rcpsych.ac.uk/publications/booksbeyondwords.aspx>

Information on health of people with learning disabilities:

Information resource from St George's, University of London and the Downs Syndrome Association
<http://www.intellectualdisability.info>

The Down's Syndrome Medical Interest Group
<http://www.dsmig.org.uk>

APPENDIX 4: MEMBERSHIP OF LEARNING DISABILITIES 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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