

Guidance and competences for the provision of services using Pharmacists with Special Interests (PhwSIs)

People with skin conditions

May 2009

This guidance should be read (where appropriate) in conjunction with:

Implementing Care Closer to Home – Convenient Quality Care for Patients

Part 3: The accreditation of GPs and Pharmacists with Special Interests

And Supporting Q&A

Available at:

<http://www.primarycarecontracting.nhs.uk/173.php>

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Foreword

The White Paper [Our health, our care, our say: a new direction for community services](#)¹

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 ensuring quality should be underpinned by a transparent process.

In the NHS Next Stage 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 and 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 \(“Adding years to life and life to years”\)](#)² 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 focussed 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.

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

Morbidity associated with skin diseases is equivalent to other chronic conditions:

- 4 million working days lost each year due to skin conditions
- 50% of the population in any twelve month period have a skin condition (PAGB study 2005³)
- The prevalence of skin conditions in general practice is around 25% of all disease groups (Schofield J; Williams H 2009)
- Eczema, psoriasis and acne make up a large proportion of the GP caseload

In England in 2006, almost 35 million prescriptions were dispensed for items in the BNF section on skin conditions at a cost of more than £200 million. Pharmacists are already seeing many people with skin conditions in the course of their practice, including in the early stages of long term conditions. They may train to become supplementary and independent prescribers and this may support an enhanced contribution to care pathways for skin disease.

Many General Practitioners with Special Interests (GPwSIs) in dermatology have been established around the country and much has been learnt from examples of best practice. Updated guidance on the appointment of GPs with a special interest in dermatology was published by the Department of Health and the Royal College of General Practitioners (RCGP) in 2007⁴, and this publication now considers the competences that may need to be demonstrated by pharmacists seeking accreditation as a pharmacist with a special interest (PhwSI) in skin disease. All those involved in the delivery of skin care 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](#)⁵

www.primarycarecontracting.nhs.uk/173.php describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in dermatology. For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies⁶

www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm

The guidance has been developed by representatives of the Royal Pharmaceutical Society of Great Britain, NHS Primary Care Contracting, Primary Care Dermatology Society, the Skin Care Campaign, British Association of Dermatologists and clinicians as listed in appendix 4. We would like to thank all of those who contributed to this publication.



Primary Care Contracting



Skin Care Campaign

Introduction

This guidance provides more detailed information to guide accreditors, commissioners 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*⁵.

The guidance, developed by a stakeholder group including pharmacy practitioners, dermatologists, GPs and patient organisations, relates only to the specific training and accreditation needs of pharmacists seeking accreditation as practitioners with a special interest in skin disease.

It complements *Guidance and competencies for the provision of services using GPs with special interests (GPwSI): Dermatology and skin surgery*⁴ published by the RCGP and Department of Health in April 2007. This publication was the first in a suite of updated PwSI specialty frameworks, the remainder of which were published during 2008. All other frameworks in this suite have been drafted wherever relevant for both GPs and Pharmacists, but the 2007 pilot dermatology publication only considered GPs. The publication of this document relating to PhwSIs in skin conditions therefore completes the series.

The competence 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, and the commissioning cycle. It is not intended that practitioners with a special interest in skin conditions have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of pharmacists with a special interest (PhwSIs) needs to be ongoing and will require support from specialist practitioners and access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or allied health professions.

Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework⁷

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.

1. PhwSI SERVICE PROVISION

1.1 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](#)⁵. Local guidelines for the service will be determined at local level following negotiations between key stakeholders within the local community including patient groups wherever possible, so that it reflects the requirements of the local community, using the commissioning cycle.

In addition:

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

- NICE skin cancer guidance⁸ www.nice.org.uk/page.aspx?o=csgstim
- Action on dermatology good practice guidance⁹ www.library.nhs.uk/skin/ViewResource.aspx?resID=69536
- Shifting care demonstration pilot case studies and evaluation^{10,11} www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079728
www.npcrdc.ac.uk/Evaluation_of_Closer_to_Home_Demonstration_Sites.htm
These resources include evaluation of the dermatology pilots in the context of all the evidence and make recommendations about models of care.
- People with skin conditions: guidance and resources for commissioners¹² www.primarycarecontracting.nhs.uk/news?article_request=493
This resource published in July 2008 highlights the roles that both pharmacists and PhwSIs can play within dermatology care pathways. Pharmacies are considered as part of the 'shape the supply' part of the commissioning cycle.

1.2 Potential activities of a PhwSI service for people with skin disease

The core activities of this PhwSI service will vary, dependent upon local needs, and resources and the skills of the clinician.

The proposed dermatology service is likely to be accredited first and the PhwSI will then be accredited in the context of the service to be provided and the competencies required to provide that service.

In line with the national PhwSI framework, PhwSIs may practice in many settings, including practices, community pharmacy, primary care centres and outpatient departments.

Diagrammatic representation of ways in which commissioners can 'shape the supply' to deliver care in community settings

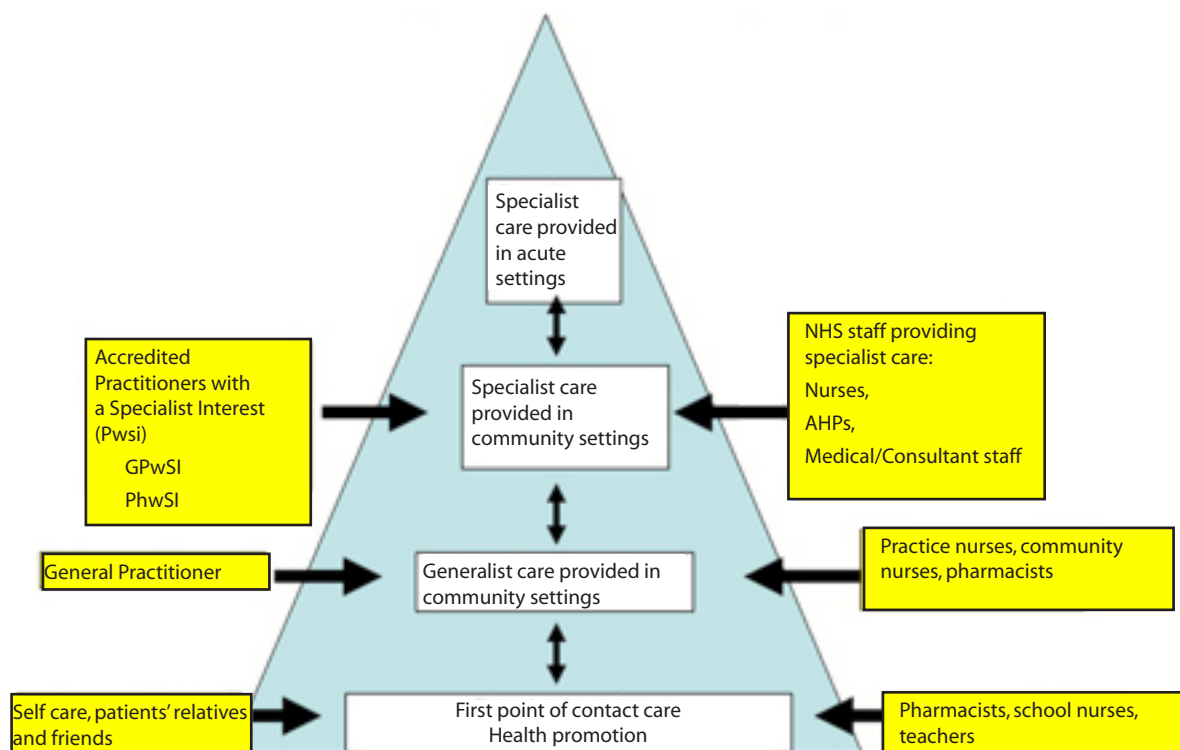


Diagram reproduced from People with skin conditions: Guidance and resources for commissioners Department of Health (2008) www.pcc.nhs.uk/uploads/dermatologyguidance.pdf

Possible models of service for pharmacists include the following:

- A PhwSI participating in a multidisciplinary skin conditions clinic, led by a consultant dermatologist. This might be located in a primary care, community or outpatient setting and could include for example monitoring and adjustment of isotretinoin for acne (in line with MHRA guidance)¹³.
- A PhwSI providing a specific, extended skin conditions service based in primary care (e.g. a community pharmacy) with appropriate supervision and referral links to specialist services for skin conditions and local GPs. For example with appropriate training and facilities, this could involve monitoring and adjustment of treatments for eczema or psoriasis.
- A PhwSI working within a GP practice to provide extended care for people with skin disease

In all these models, to provide safe and effective care, the PhwSI will be expected to work closely with professional colleagues including dermatology specialists, specialist nurses, pharmacists and GPs.

It is likely that PhwSIs will provide care for people with pre-diagnosed skin conditions, especially those requiring long term therapy. This will involve primarily monitoring and adjustment of treatment and may require competences relating to assessment and the use of facilities and equipment needed to carry out these roles. It will also include a clear understanding and recognition of when referral for a specialist dermatologist opinion is required. Inclusion of these elements in Appendix 1 is intended to underpin these monitoring and medicines management roles rather than a primarily diagnostic role.

A PhwSI SKIN CARE SERVICE MAY INCLUDE:

<p>Clinical</p> <ul style="list-style-type: none"> • Assessment, investigation and treatment planning of patients referred to the service, in accordance with the service specification and competencies of the individual PhwSI as stipulated by commissioners • Provision of a range of clinical interventions including prescribing and monitoring of treatment for skin conditions as appropriate to the accredited services. Possible clinical areas include <ul style="list-style-type: none"> • Acne • Eczema • Psoriasis • Infestations • Fungal infections • Hair and nail disorders • Wound management • Bacterial and viral skin infections • Other skin conditions within the competence of the individual PhwSI <p>Education</p> <ul style="list-style-type: none"> • Provision of pharmaceutical advice and support to local practitioners in the management of those dermatological conditions within the expertise of the PhwSI. • Provide support and training to members of the primary health care team (especially community pharmacists) in the pharmacological treatment of common skin conditions to enable other clinicians to develop, maintain and improve their level of competency in the management of skin conditions. 	<p>Leadership and Service Development</p> <ul style="list-style-type: none"> • Work with the local GPs, secondary care specialists and GPwSIs in skin conditions to develop an integrated dermatology service model with care pathways that meet the requirements for the accreditation of the service by the accreditation panel • Contribute to development and implementation of management guidance for primary care practitioners in the care of common skin conditions. • Develop links with other professional groups, for example GPs, Health Visitors, School Nurses, Podiatrists and primary care nurses, for the effective shared care for patients with chronic skin conditions. • Liaise with and provide pharmaceutical support to skin conditions specialist nurses and podiatrists working in outreach/close to home settings • Become involved in integrated training programmes across Primary and Secondary care for healthcare staff. <p>Liaison</p> <ul style="list-style-type: none"> • Liaise with specialist dermatology and pharmacy services, and provide support for other PhwSIs in skin conditions in the area
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2. INFRASTRUCTURE REQUIREMENTS

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the commissioners, and that it is clearly located within the overall context of an integrated service for people with skin conditions in line with the 2008 commissioning guidance [People with skin conditions: guidance and resources for commissioners](#)¹².

This will include for example:

- Type of service to be delivered
- Joint working arrangements (e.g. with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer and PhwSI
- Confidentiality/Information sharing
- Number of sessions to be worked
- Location of the service
- Contact with other health professionals
- Arrangements for accessing relevant laboratory services (where appropriate).
- Process for patient follow up / Review
- Communication and keeping medical records
- Reporting mechanism
- How the service links with the commissioner's requirements
- How it will be audited and outcome measures
- How patients will be involved in the management and development of the service

2.2 SUPPORT AND FACILITIES

Nationally agreed standards for facilities exist and the commissioning guidance references these¹². In addition there are specific requirements for providing services for people with skin disease, which are best considered when accrediting the service. Useful advice can be found at the following link¹⁴:

www.bad.org.uk/Portals/Bad/Clinical%20Services/Staffing_and_Facilities_for_Dermatological_Units_Nov_2006.pdf

Though facilities will vary according to the service being provided, the basic requirements for PhwSIs will be similar to those for GPwSIs and include some of the following:-

- Consultation room with good lighting with adequate facilities for assessment and treatment procedures
- Direct access to supervision from dermatology specialists
- Support for prescribing activity e.g. prescription pads, access to a prescribing budget
- Availability of chaperone when required in accordance with NHS Clinical Governance Support team guidance¹⁵ June 2005
- Clinical and administrative support staff available as required for each service.
- Adequate means of record keeping, normally linked to NHS or PCT systems

- Education mentoring support and clinical networking facilities including links to clinical governance framework of the local specialist dermatology team.
- 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
- Access to appropriate resources for infection control
- Access to information about other support services available to people with skin conditions

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 Health¹⁶.

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

2.3 CLINICAL GOVERNANCE AND STANDARDS

PhwSIs 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](#)⁵. [People with skin conditions: guidance and resources for commissioners](#)¹² provides detailed guidance on managing performance in delivering care for people with skin conditions, including overall patient experience, clinical outcome measures and quality measures.

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

- **Lines of responsibility:** Accountability for overall quality of clinical care
- **Monitoring of clinical care:** It is expected that patients' experience and patient related outcome measures will be included in patient surveys. Staff will be expected to participate in local clinical governance programmes
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into the organisations' service planning; succession and contingency plans will be in place; service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management, and in protocols on patient safety, confidentiality, handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance.
- **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 any controlled drugs

3. THE COMPETENCES REQUIRED

The practitioner with a special interest is expected to demonstrate that he/she is a competent and experienced generalist, as well as having been assessed and demonstrated specific competences and experience relevant to skin disease.

3.1 Generalist competences

Competent practitioners will be able to demonstrate:

- Effective communication skills during interaction with patients and colleagues
- The ability to explain risk and benefits of different treatment options and skill in involving patients in the decision about their management
- Recognition of his/her limitations of expertise and knowledge of mechanisms of referral

A generic PhwSI competency framework¹⁷ was published within the national framework for PhwSIs¹⁸. 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 Specialist competences

The PhwSI will demonstrate a knowledge and skill level reflecting a higher level than those acquired by non-specialist colleagues; whilst recognising the limitations of their own knowledge and competences.

It is not a requirement that PhwSIs in skin conditions 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 accredited service specification.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences depend on the roles and responsibilities expected from the PhwSI in skin disease

See Appendix 1 for details of specialist competences for a PhwSI in skin disease

4. Teaching and Learning

4.1 Training for PhwSIs

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

This can be acquired in several ways and would be expected to include both practical and theoretical training. It is likely that this will involve a clinical placement agreed locally under the supervision of the specialist dermatology team.

For example:

- Experience, current and previous, 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 part of a recognised university course
- As a trainee non-medical prescriber with a designated medical practitioner who is a specialist in dermatology or GPwSI in dermatology
- Successful completion of a specialist course on skin conditions to certificate or diploma or equivalent level. This is recommended as a good way of obtaining and demonstrating structured learning as one element within a wider portfolio

Mix of theoretical training, supervised practice and competency based assessment

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

4.2 Specific practitioner training requirements

The precise nature and duration of supervised practice will depend on the specific service's requirements. Pharmacists with a special interest in skin conditions 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 practitioner with a special interest in skin conditions will need to draw on support from dermatology specialist services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

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

5. Assessment: evidence of acquisition of competences

PhwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the skin conditions service and evidence of how these have been met and maintained. This portfolio can act as an ongoing training record and log book and be countersigned as appropriate by an educational supervisor, preferably a local Consultant Dermatologist, to confirm the satisfactory fulfilment of the required training experience and the maintenance of the competencies enumerated in this document and by the accreditors. This portfolio should also include evidence of audit and continuing professional development. Appendix 1 and 2 give further information about assessment tools.

The assessment of individual competences will be undertaken by a combination of some (but not all) of the following:

- Logbook/portfolio of achievement
- Observed practice using modified mini clinical examination (mini-CEX)
- Case note review
- Reports from colleagues in the multidisciplinary 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
- 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
- Evidence of patient feedback about the PhwSI and the service

It is strongly recommended that a series of clinical assessments, takes place four times during the period of training prior to the PhwSI becoming accredited.

Whilst it is envisaged that competence will be assessed across many of the clinical domains set out in Appendix 1, it is expected that the assessment process will be tailored towards the service that the PhwSI will deliver. Therefore, if the service changes, the PhwSI may require reassessment and reaccreditation.

The formal PwSI accreditation process is outlined in [Implementing care closer to home: Convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests⁵](#)

6. Accreditation, maintenance of competence and reaccreditation

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

Practitioners 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. An outline portfolio for PhwSIs¹⁹ is available at

www.primarycarecontracting.nhs.uk/246.php

This portfolio can act as an ongoing training record and logbook and be countersigned as appropriate by an educational supervisor, preferably the local consultant or a member of their team, to confirm the satisfactory fulfilment of the required training experience and the maintenance of the competences enumerated in this document and by the accreditors. The portfolio should also include evidence of audit and continuing professional development (CPD).

It is recommended that PhwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD; this should occur across the spectrum of their role
- Undertake a joint clinic, or clinical supervision session, on a regular basis commensurate with the number of sessions worked by the PhwSI. These should be with a more specialist practitioner and sufficiently frequent to enable the timely discussion of difficult cases and provide an opportunity for CPD.

It is also expected that practitioners will:

- Be actively involved in the local dermatology specialist service(s), including attending any clinical governance meeting
- Contribute to local clinical audits
- Maintain their competence (for example GPwSIs in dermatology have a requirement of 15 hours a year minimum for CPD relating to dermatology)

Active membership of an appropriate faculty, professional group will provide further opportunities for PhwSIs to develop their knowledge and skills through attendance at educational events and update meetings, as well as contribute to such courses as educators themselves

For example:

- UK Clinical Pharmacy Association
- Although they do not admit members who are not doctors, the Primary Care Dermatology Society may offer access to educational or other support to pharmacists who are undertaking a recognised course of dermatological education by application to the Society at pcds@pcds.org.uk

Pharmacists working as non-medical prescribers must also fulfil the requirements of the competency framework described in the National Prescribing Centre publication [Maintaining competency in prescribing: An outline framework to help pharmacist prescriber](#)²⁰ October 2006.

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.

PhwSIs are expected to monitor service delivery, which incorporates the following:

- Clinical outcomes and quality of care.
- Referral rates of patients to specialists by the PhwSI
- Access times to the PhwSI service
- Patient experience questionnaires

Examples of outcome measures are given in [People with skin conditions: guidance and resources for commissioners](#)¹²

6.3 Reaccreditation

Practitioners with a special interest must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance⁵

APPENDIX I

COMPETENCES

The generic PhwSI competence framework¹⁷ www.pcc.nhs.uk/246.php identifies six competency clusters as follows, and describes these at both practitioner and PhwSI level.

- » Expert professional practice
- » Building working relationships
- » Leadership
- » Management
- » Education, training and development
- » Research and evaluation

The competences described in this appendix relate to expert professional practice in the care of people with skin conditions at PhwSI level. For the other five clusters, which cover non-clinical competences it is recommended that the competency framework above is used to assess competence in line with the service that is being commissioned.

Where Skills for Health national occupational standards and competences relevant to activity undertaken by PhwSIs in skin conditions exist, these may also be used to support assessment of competence and accreditation. At present these may not include activity that PhwSIs provide, but for reference they are available at:

www.skillsforhealth.org.uk/page/competences/completed-competences-projects/list/other-competence-related-projects/dermatology

Competences in this appendix are based on the following sources:

- » CPPE www.cppe.man.ac.uk
The open learning module provides core knowledge and newer web-based assessment material at PhwSI level.
- » Guidance and competencies for the provision of services using GPs with Special Interests: Dermatology and Skin Surgery DH 2007
www.primarycarecontracting.nhs.uk/uploads/pwsis/gpwsis_dermatology.pdf
- » RCGP curriculum statement for skin disease 2007
www.rcgp-curriculum.org.uk/extras/curriculum/statementDetails.aspx?id=32
- » RCN Competencies: an integrated career and competency framework for dermatology nursing
www.rcn.org.uk/development/publications/publicationsA-Z#C

NOTE: IT IS NOT A REQUIREMENT THAT PhwSIs IN SKIN CONDITIONS HAVE ALL THE COMPETENCES LISTED IN THIS TABLE, RATHER THAT COMMISSIONERS ENSURE THAT THE PRACTITIONER HAS THE SPECIFIC COMPETENCES, DRAWN FROM THE OVERALL LIST, TO MEET THE REQUIREMENTS OF THE SERVICE SPECIFICATION.

Objective: Demonstrates specialist pharmaceutical knowledge in the treatment of skin conditions and is able to plan, manage, monitor, advise and review specialist pharmaceutical care programmes for patients with skin conditions

Knowledge Demonstrated understanding of...	Skills Is able to..	Attitude
National clinical guidance and standards relevant to skin conditions including current NICE guidance	Provide care for people with skin conditions in line with nationally agreed care pathways	Work with patients to empower them to look after their own health and take responsibility for managing their skin problems
Symptoms, assessment and management of common skin conditions which may include <ul style="list-style-type: none"> » Eczema » Psoriasis » Drug rashes » Generalised pruritus » Urticaria » Acne and rosacea » Infections (bacterial, viral and fungal) » Infestations including scabies and head lice » Disorders of hair and nails The need for close collaboration with primary care and specialist services in the management of many skin problems, e.g. psoriasis Understanding of local skin lesion pathways	Take a history of the skin condition Undertake physical assessments relevant for common skin conditions Plan, manage, monitor, advise and review pharmaceutical care of patients referred for skin conditions Coordinates pharmaceutical care with: <ul style="list-style-type: none"> • other primary care health professionals • dermatologists • other appropriate specialists to provide effective and appropriate acute and chronic conditions management including prevention and rehabilitation. Refer cases into specialist services where appropriate	Understands the impact of skin diseases on patients and families and is able to empathise Empower patients with chronic skin conditions to manage the effects for disfigurement
The use of assessment techniques and investigations relevant to the PhwSI service	<ul style="list-style-type: none"> • Initiate and refer appropriately for pathology and microbiological investigations • Refers appropriately for assessment for patch testing • Take specimens from skin, hair and nail where appropriate 	

Knowledge Demonstrated understanding of...	Skills Is able to..	Attitude
Specialist pharmaceutical knowledge of the range of systemic and topical drugs and non-drug interventions used to treat skin conditions	<p>Prescribe or supply, and monitor response to drug and non-drug treatments for common skin diseases</p> <p>Monitor, review and adjust drug treatments effectively including for complex medication regimens</p>	<p>Empower patients to manage their skin conditions by maximising effective use of prescribed and non-prescribed treatments</p> <p>Maintains awareness/vigilance regarding possibility of adverse drug reactions to drug treatments for skin conditions and drug-induced skin disease</p>
More specialist drug treatments used in skin conditions, and drugs with special monitoring requirements including methotrexate and other immunosuppressants, isotretinoin and products used outside licensed indications	<p>Advise, provide, and monitor treatment in line with local and national protocols and guidance, within limits of own competence</p> <p>Note: For isotretinoin treatment for acne, service provision must be in line with current MHRA guidance*</p> <p>Work within relevant medico-legal guidelines</p>	<p>Recognises limits of own competence</p>
How to refer appropriately for conditions that might include pre-malignant and malignant lesions In the context of local skin lesion pathways	<p>Makes timely and appropriate referrals to specialist services, especially to rapid-access pigmented lesion and skin lesion (sometimes called skin cancer, mole or melanoma) clinics</p>	
Principles of prevention and health promotion in relation to skin disease	<p>Promote skin wellbeing by applying health promotion and conditions prevention strategies appropriately including sun protection, occupational health advice and hand care.</p> <p>Advise patients appropriately regarding lifestyle interventions including skin protection and occupational health advice.</p>	
Drug treatment for common co-morbidities in skin conditions	<p>Monitor, review and adjust drug treatments effectively including for complex medication regimens</p>	
Adverse reactions to drug treatments for skin disease	<p>Manage and report adverse drug reactions and drug interactions</p>	

* In England this requires that the initiation of prescribing must be by a consultant dermatologist. Ongoing monitoring, prescribing and dispensing services may be developed within care pathways that maximise the available skills and competence of pharmacists

Knowledge Demonstrated understanding of...	Skills Is able to..	Attitude
Awareness of skin conditions which require urgent treatment or referral	Is able to provide appropriate urgent care or refer to other providers within the context of agreed care pathways	
How to achieve shared decision-making with patients with skin disease	Personalise treatment goals based upon therapeutic targets whilst recognising the individual patient's circumstances	Appreciates the importance of the social and psychological impact of skin problems on the patient's quality of life, including, for example, the effects of disfigurement, or sleep deprivation as a result of itching.
	<p>Follow legal, ethical, professional and organisational policies/procedures and codes of conduct</p> <p>Take action based on own interpretation of broad professional policies/procedures where necessary</p>	Identifies the patient's health beliefs regarding skin problems and either reinforce, modify or challenge these beliefs as appropriate

The competences described in this table relate to expert professional practice in the care of people with skin conditions at PhwSI level. For other competences it is recommended that the generic PhwSI competency framework¹⁶ is used to assess competence in line with the service that is being commissioned.

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.

Examples of the following tools have been adapted for use by pharmacists developing a PhwSI portfolio and can be downloaded at:

<http://www.primarycarecontracting.nhs.uk/246.php>

Assessment tool 1: Case-based Discussion

Assessment tool 2: Mini clinical evaluation exercise

Assessment tool 3: Mini peer assessment tool

Assessment tool 4: Medication-related consultation framework

[Guidance and competencies for the provision of services using GPs with Special Interests : Dermatology and skin surgery DH 2007⁴](#) includes assessment tools designed for use in dermatology (see P 19 and 20). These could also be adapted appropriately for use by pharmacists.

The following notes are intended to support the effective use of these assessment tools as applied to the care of people with skin disease:

- It is strongly recommended that a series of clinical assessments, takes place four times during the period of training prior to the PhwSI becoming accredited
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist dermatology 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 PhwSI 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 PhwSIs 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 – any other competences that are desirable to meet the needs of individual PhwSIs can be documented in the PhwSI logbook and signed off by the trainer. The detail will need to be agreed with the trainer at the beginning of training.

- For PhwSIs not completing a diploma, it is envisaged that a formal assessment of knowledge should be conducted and evidence of this submitted to the Accreditation panel
- Practitioners will be expected to demonstrate evidence of 360-degree review
- Helpful general and speciality specific guidance for the use of DOPS and Mini-CEX can be found at the following link: www.jchmt.org.uk/assessment/performanceAssessmentDocs.asp

APPENDIX 3:

REFERENCES AND LINKS TO OTHER RESOURCES

References

1. Our health, our care, our say: a new direction for community services
DH 2006 www.dh.gov.uk/en/Healthcare/ourhealthourcareoursay/index.htm
2. World Class Commissioning (“Adding years to life and life to years”)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956
3. A Picture of Health Proprietary Association of Great Britain 2005
www.pagb.co.uk/information/research.html#jusc
4. Guidance and competencies for the provision of services using GPs with Special Interests : Dermatology and skin surgery DH 2007
www.primarycarecontracting.nhs.uk/245
5. Implementing Care Closer to Home – Convenient Quality Care for Patients
Part 1: Introduction and overview
Part 2: Step-by-step guide to commissioning services using Practitioners with Special Interests (PwSIs)
Part 3: The accreditation of GPs and Pharmacists with Special Interests
Supporting Q&A
www.primarycarecontracting.nhs.uk/173.php
6. World Class Commissioning Assurance Framework and associated competencies
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm
7. Knowledge and skills framework
www.nhsemployers.org/payandcontracts/agendaforchange/kSF/Pages/Afc-KSFHomepageFINAL.aspx
8. NICE skin cancer guidance
www.nice.org.uk/page.aspx?o=csgstim
9. Action on dermatology good practice guidance
www.library.nhs.uk/skin/ViewResource.aspx?resID=69536
10. Shifting care demonstration pilot case studies
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079728
11. Evaluation of Shifting care pilots
www.npcrdc.ac.uk/Evaluation_of_Closer_to_Home_Demonstration_Sites.htm
12. People with skin conditions: guidance and resources for commissioner
NHS Primary Care Contracting 2008
www.primarycarecontracting.nhs.uk/news?article_request=493
13. MHRA guidance Isotretinoin in severe acne
www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Isotretinoinforsevereacne/CON2031776

14. Staffing and facilities for dermatological services
British Association of Dermatologists 2006
www.bad.org.uk/Portals/Bad/Clinical%20Services/Staffing_and_Facilities_for_Dermatological_Units_Nov_2006.pdf
15. Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings
NHS Clinical Governance Support team guidance June 2005
www.cgsupport.nhs.uk/About_CG/Resources/CG_Publications/CG_Guides
(DN:link not found 2.3.09)
16. Standards for Better Health
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6
17. PhwSI generic competency framework
www.primarycarecontracting.nhs.uk/246
18. National framework for Pharmacists with Special Interests and other resources for PhwSIs
www.primarycarecontracting.nhs.uk/119.php
19. Outline portfolio for PhwSI Accreditation
www.primarycarecontracting.nhs.uk/246.php
20. Maintaining competency in prescribing: An outline framework to help pharmacist prescribers Second Edition October 2006.
www.npc.co.uk/non_medical.htm

Other useful documents

Models of integrated service delivery in Dermatology 2007
Dermatology Workforce Group
[www.bad.org.uk/healthcare/service/Service_Models_Final_\(February_2007\).pdf](http://www.bad.org.uk/healthcare/service/Service_Models_Final_(February_2007).pdf)

Professional and patient organisations

Primary Care Dermatology Society

Affiliated to the British Association of Dermatologists, the PCDS is the leading national society for GPs with a special interest in dermatology. This website provides PCDS members, affiliated organisations and interested members of the public with a rich information resource specific to the field of dermatology.
www.pcds.org.uk/

British Association of Dermatology (BAD)

The British Association of Dermatologists is the association of practising UK dermatologists, and its website also guidelines and other materials of interest to pharmacists and the public.
www.bad.org.uk

UK Clinical Pharmacy Association

The UKCPA promotes expert practice in medicines management for the benefit of patients, the public and members by establishing standards, workforce development and advancing innovation in all health care settings
www.ukcpa.org/

Centre for Pharmacy Postgraduate Education

The CPPE website has a PhwSI page which provides links to providers of specialist courses which may be relevant PhwSIs. Learning materials at Level 1 (core level) include:

The management and treatment of skin conditions 2007

Wound management. 2002

Managing skin conditions - eczema 2007

www.cppe.manchester.ac.uk/specialistPharm/phwsi.asp

National Pharmacy Association

NPA Brief guide to dermatology services (available to NPA members).

Contact NPA via www.npa.co.uk

Skin Care Campaign

The Skin Care Campaign is an umbrella organisation representing the interests of all people with skin conditions in the UK. Established in 1992, it is managed by representatives of several different patient support groups.

www.skincarecampaign.org

National Eczema Society

www.eczema.org

British Skin Foundation

www.britishskinfoundation.org.uk/

The Psoriasis Association

www.psoriasis-association.org.uk/

APPENDIX 4:

MEMBERSHIP OF 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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