

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

CARDIOLOGY



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 Cardiology 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 Cardiology . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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INTRODUCTION

This document represents an updating of *Guidelines for the appointment of General Practitioners with Special Interests in the Delivery of Clinical Services: Cardiology* published by the Department of Health in 2003. It extends the scope of the original document as PwSIs are now required to provide a clinical service as part of their role.

This guidance, developed with the support of the Primary Care Cardiovascular Society and the British Cardiovascular Society provides detailed information to guide both 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).

The competency framework is designed to help all 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 Cardiology have all the competences listed in this document. Commissioners will need to identify their local service requirements and, based on that, the specific competences (Chapter 3) required by their practitioners in order to meet the service specifications.

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

This guidance does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or other health care professionals. Currently many clinical staff apart from doctors are obtaining enhanced cardiological training through courses originally designed for GPwSIs, and this has many advantages. Such courses have been set up by universities or affiliated to universities, and they currently train a mixture of GPs and nurses. They are designed to provide training for any healthcare worker who wishes to provide enhanced services, regardless of whether they intend to continue with their core service. Although such courses are all training individuals for similar jobs, there is significant variation in the design of the courses and, probably, the standards required to pass. This makes it more difficult for employers to assess the value of the training that a potential employee has undertaken.

In order to address this, the Heart Improvement Programme (HIP) and the British Cardiovascular Society (BCS) have developed a 'skills-based operational framework for practitioners with a special interest in cardiology' which is designed to specify the required learning for any provider of enhanced services. This framework is consistent with the competency framework specified here. Candidates who achieve the required 'learning outcome' as described in the HIP framework will be certified as competent to carry out the related 'service element'. Work is currently underway through the BCS to encourage all providers of courses to ensure that their curricula reflect the objectives described as 'learning

outcomes' and BCS is setting up a system of visiting examiners who will accredit courses by reference to this framework. By this means candidates can receive a transferable national qualification that any potential employer can have confidence in.

Competences for NHS-employed staff providing specialist care in community settings may also 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 CARDIOLOGY

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

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework in order to provide cardiology services within their own practices.

Those practitioners currently offering enhanced services at a PCT level or in acute trusts and who have not formally undergone appropriate specialist training do not need to cease work pending re-accreditation, but may continue to provide a service if they have the support of the employing PCT. The Department of Health has recommended that the process of re-accreditation be completed by 2009.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

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

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

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

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

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

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered, for example:
 - Rapid access chest pain clinics
 - CV risk screening programmes
 - CV risk management services, for example:
 - Lipids
 - Blood pressure
 - Smoking
 - Obesity
- Referral pathways
- Response time
- Communication pathways
- Choice
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency
- Specialist support

1.3 PRINCIPLES OF SERVICE DELIVERY

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

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

- The Coronary Heart Disease National Service Framework, published March 2000
- NICE Guidelines on Heart Failure Management
- NICE Guidelines on Atrial Fibrillation
- NICE Guidelines on Hypertension
- Health Care Commission report on Heart Failure
- British Cardiovascular Society

In addition:

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

- National service frameworks

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

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

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the employing authority.

This will include, for example:

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

2.2 SUPPORT AND FACILITIES

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

- Access to support and supervision from cardiologists and their clinical teams and specialist clinical pharmacists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Adequate space and appropriate facilities for patients to undress in
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

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

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

2.3 CLINICAL GOVERNANCE AND STANDARDS

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

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

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

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

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

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

Competent practitioners will be able to demonstrate:

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

GENERAL PRACTITIONERS

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

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

PHARMACISTS

A generic PhwSI competency 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.

3.1 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 Cardiology 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 Cardiology are summarised below:

- Service planning
- Service development and delivery
- Commissioning
- Education
- Audit and clinical governance
- Presenting symptoms – breathlessness
- Presenting symptoms – chest pain
- Presenting symptoms – palpitation
- Presenting symptoms – blackouts and dizzy spells
- Presenting symptoms – hypertension
- Presenting symptoms – palliation
- Primary prevention
- Secondary prevention
- Promotion of patient / carer self management
- Managing personal performance

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

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

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

For example:

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

A number of university courses have been set up for training PwSIs in Cardiology and they provide the successful candidate with a certificate of competence endorsed by the host university. The British Cardiovascular Society is currently setting up an accreditation process for these courses based on visiting examiners using the Skills Based Framework as a national reference. This will provide candidates with a transferable qualification.

Some practitioners have been providing extended services in cardiology for many years without a recognised qualification. Employing authorities should ensure that the practitioner has appropriate experience to satisfy the requirements of the service. Even if the PwSI has not undergone initial accreditation, he / she will need to undergo the process of re-accreditation to ensure that he / she has the correct, up to date experience and knowledge to carry out the role required (<http://www.primarycarecontracting.nhs.uk/173.php>).

The Department of Health requires that this process is to be completed by April 2009.

PHARMACISTS

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

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

5. ASSESSMENT

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

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

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- 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 3.

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 cardiology.

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.

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.

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; this should occur across the spectrum of their role, including leadership and teaching.
- 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 cardiology specialist service(s)
- Contribute to local clinical audits

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

For example:

- Primary Care Cardiovascular Society

PwSI IN CARDIOLOGY PORTFOLIO

The portfolio should provide a track record of providing high quality cardiology 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 cardiology
- 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.

Pharmacists working as non-medical prescribers are also expected to fulfil the requirements of the competency frameworks described in the National Prescribing Centre documents, *Maintaining competency in prescribing. An outline framework to help pharmacist prescribers*, October 2006 (http://www.druginfzone.nhs.uk/Documents/NPC_pharmacist_comp_framework_Oct06.pdf?id=575074).

6.2 MONITORING

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

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

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Prescribing and 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 Cardiology 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.

PRESENTING SYMPTOMS – BREATHLESSNESS

Objective	Knowledge	Skills	National Occupational Standards and Workforce Competences
Assessment of the breathless patient	A detailed understanding of the pathophysiology and investigation of conditions causing breathlessness, including non-cardiac causes	Assess the clinical history and examination findings in the breathless patient	CHS39 Assess an individual with a suspected health condition
Understand relevant tests (ECG, Echo, BNP, CxR)	Know the strengths and weaknesses of investigations used to confirm or refute the diagnosis of heart failure	Request relevant investigations to determine the cause of breathlessness	CHS39 Assess an individual with a suspected health condition CHS83 Interpret and report on the findings of investigations CHS106 Request imaging investigations to provide information on an individual's health status and needs
Perform Echo for heart failure	Certification from BSE for point of care screening Echo to exclude systolic left ventricular dysfunction	Able to perform Echo for heart failure	BC1 Perform standard tests to investigate function of major organs or systems BC2 Perform specialised tests to investigate function of major organs or systems CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the cardiovascular system
Performing comprehensive Echo	BSE accreditation in community Echocardiography	Able to perform comprehensive Echo safely	BC1 Perform standard tests to investigate function of major organs or systems BC2 Perform specialised tests to investigate function of major organs or systems CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the

			cardiovascular system
Diagnosis	The implications of the results of investigations in relation to the presenting complaint	To assimilate the results of history, examination and investigations to be able to diagnose the cause of breathlessness, or to be able to diagnose or rule out heart failure or other cardiac causes of breathlessness	CHS40 Establish a diagnosis of an individual's health condition
Initiation and up-titration of medication	The recommended pharmacological agents for heart failure, their actions indications, side-effects and use in combination	Initiate and up-titrate medication for the treatment of heart failure safely	
Understand the role of device therapy	Cardiac resynchronisation, and how to determine which patients might be suitable	Assess patients' suitability for device therapy and explain its contribution to their management. Is able to refer them for formal assessment	CHS39 Assess an individual with a suspected health condition CHS120 Establish an individual's suitability to undergo an intervention CARD3 Determine appropriate procedures for cardiac patients
Chronic disease management	Optimisation of evidence-based treatments for heart failure and the signs of destabilisation. The place of palliative and supportive care	Ensure that all relevant evidence based therapies are offered and used optimally. Carry out regular reviews	CHS41 Develop and agree treatment plans for individuals
Lifestyle advice, risk factor management and patient self management	Lifestyle issues that affect heart failure and the methods whereby patients can be encouraged to contribute to the management of their own condition	Give advice about lifestyle issues relevant to the underlying condition, and support the patient in managing their own condition	E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life GEN14 Provide advice and information to individuals on how to manage their own condition

PRESENTING SYMPTOMS - CHEST PAIN

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
To assess the patient with chest pain	The pathophysiology, clinical characteristics and investigations for all common causes of chest pain, including non-	To provide a differential diagnosis for any patient referred with chest pain	CHS39 Assess an individual with a suspected health condition CHS40 Establish a diagnosis of an individual's health condition

	cardiac		
Understand relevant tests (stress ECG, stress Echo, myocardial perfusion imaging, coronary angiography)	The strengths and weaknesses of tests used to evaluate the causes of chest pain	To choose relevant tests to elucidate the cause of chest pain	CHS39 Assess an individual with a suspected health condition CHS83 Interpret and report on the findings of investigations CHS106 Request imaging investigations to provide information on an individual's health status and needs
Perform stress Echo	How to carry out a stress Echocardiogram	To provide a safe and accurate stress Echocardiography service	CARD7 Perform a range of procedures to modify function and performance of the cardiovascular system
Diagnosis	Assess the results of tests to produce a differential diagnosis, or to rule out myocardial ischaemia	To evaluate the information from a variety of tests to support or refute a diagnosis of coronary artery disease	CHS40 Establish a diagnosis of an individual's health condition
Initiation of medication	The indications for treatments for ischaemic heart disease, and the pharmacology and side-effects of the various medications	To initiate treatment for patients with coronary disease who are suitable for medical management	CHS3 Administer medication to individuals
Chronic disease management	The indications for invasive investigations for coronary disease, and the medical management, including all evidence-based treatments	To distinguish patients for whom revascularisation may be suitable from those in whom medical therapy is preferred	CHS120 Establish an individual's suitability to undergo an intervention CARD3 Determine appropriate procedures for cardiac patients CHS41 Develop and agree treatment plans for individuals
Lifestyle advice risk factor management	The value of risk factor management, including non-pharmacological interventions and rehabilitation	To advise patients on the management of their risk factors, and any appropriate therapy	E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life GEN14 Provide advice and information to individuals on how to manage their own condition

PRESENTING SYMPTOMS - PALPITATION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Assessment of the patient with palpitations	The causes and mechanisms of palpitations and the value of the history	To produce a differential diagnosis and investigation plan for a patient with palpitations	CHS39 Assess an individual with a suspected health condition CHS40 Establish a diagnosis of

	and examination in assessment		an individual's health condition
Understanding relevant tests (ECG, Holter, Reveal, Echo)	The strengths and weaknesses of tests used to evaluate the causes of palpitations	Knowing the place for and value of the available tests for palpitations	CHS39 Assess an individual with a suspected health condition CHS83 Interpret and report on the findings of investigations CHS106 Request imaging investigations to provide information on an individual's health status and needs
Performing relevant tests for patients with palpitations	How to carry out appropriate non-invasive tests for palpitations	Being able to carry out ECG, Holter, long-term ECG recording	BC1 Perform standard tests to investigate function of major organs or systems BC2 Perform specialised tests to investigate function of major organs or systems CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the cardiovascular system
Diagnosis of the patient with palpitations	The significance of the results of tests for palpitations and how they relate to the presenting symptoms	Assimilate the results of tests together with clinical evaluation to produce a diagnosis	CHS40 Establish a diagnosis of an individual's health condition
Management, inc indications for anticoagulation and antiarrhythmic drugs and the role of ablation	The available means of managing cardiac arrhythmias including pharmacological, ablation, and devices. The indications for anticoagulation	Institute the appropriate management for the diagnosed cause of palpitations	CHS120 Establish an individual's suitability to undergo an intervention CARD3 Determine appropriate procedures for cardiac patients CHS41 Develop and agree treatment plans for individuals
Perform DC cardioversion	How to perform DC cardioversion	Be able to carry out DC cardioversion safely	BC1 Perform standard tests to investigate function of major organs or systems BC2 Perform specialised tests to investigate function of major organs or systems

PRESENTING SYMPTOMS - BLACKOUTS AND DIZZY SPELLS

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Assess the patient with blackouts or dizzy spells	The causes of blackouts and dizzy spells and the value of the history and examination in their assessment	To produce a differential diagnosis and investigation plan for a patient with blackouts and dizzy spells including non-cardiac (eg, neurological) causes	CHS39 Assess an individual with a suspected health condition CHS40 Establish a diagnosis of an individual's health condition

Understand the relevant tests to confirm or refute the diagnosis of patients with blackouts and dizziness	The available tests for blackouts and dizziness and their strengths and weaknesses including ECG, Holter, Reveal, Echo and Tilt testing	Order appropriate tests for blackouts and dizziness	CHS39 Assess an individual with a suspected health condition CHS83 Interpret and report on the findings of investigations CHS106 Request imaging investigations to provide information on an individual's health status and needs
Use the results of tests and clinical understanding to produce a diagnosis	The meaning of the results of tests in relation to the clinical history and examination	Assimilate the results of clinical features and investigations to arrive at a cause for blackouts, or to rule out a cardiac cause	CHS40 Establish a diagnosis of an individual's health condition
Assess a patient for permanent pacemaker implantation, ICD or other device	The indications for implantation of a permanent pacemaker, ICD or other device	Understand which patients should be referred for permanent pacemaker implantation, ICD or other device	CHS120 Establish an individual's suitability to undergo an intervention CARD3 Determine appropriate procedures for cardiac patients CHS41 Develop and agree treatment plans for individuals

HYPERTENSION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Assessment of new cases	Target blood pressures. The means of recording blood pressure and their shortcomings. Factors that influence blood pressure	Decide if a patient is hypertensive	CHS39 Assess an individual with a suspected health condition CHS40 Establish a diagnosis of an individual's health condition
Investigation of complex cases	The causes of secondary hypertension, and how to investigate them. When to consider secondary hypertension	Understand when to institute investigations for secondary hypertension, the tests required and the importance of the results	CHS39 Assess an individual with a suspected health condition CHS83 Interpret and report on the findings of investigations CHS106 Request imaging investigations to provide information on an individual's health status and needs
Treatment of hypertension	The available pharmacological and non-pharmacological treatments for hypertension. The pharmacology	Initiate suitable treatments and monitor their effects. Titrate drugs to achieve a given goal. Ensure compliance	CHS120 Establish an individual's suitability to undergo an intervention CARD3 Determine appropriate procedures for cardiac patients CHS41 Develop and agree

	of the available drugs and their side effects The appropriate use of combinations, and racial variations in responses		treatment plans for individuals
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PALLIATION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Deliver a service to provide palliative or supportive care to cardiac patients with terminal conditions such as heart failure	The medical and psychosocial methods of palliation and preparation of the patient and carers for death	Determine which patients are suitable to discuss palliative care and what services are available to support them	PSL5 Undertake an assessment or re-assessment of a patient PSL8 Develop joint operational policies and care pathways PSL9 Implement and evaluate joint operational policies and care pathways

PRIMARY PREVENTION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Risk assessment	How to estimate the risk of cardiovascular disease in an individual patient based on an analysis of their risk factors	Assess risk factors in an individual patient in order to calculate their cumulative risk	CHS39 Assess an individual with a suspected health condition EF3 Carry out screening assessments with individuals with CHD and those at significant risk of developing CHD
Management of risk factors	Effective interventions for the reduction of risk of cardiovascular disease	Advise patients about lifestyle modification. Know when drug therapy is indicated, and the potential side-effects of medication	ED2 Provide information and advice about how to reduce the risk of CHD

SECONDARY PREVENTION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Risk factor modification in patients with	Management of risk factors in patients with vascular	Advise patients about effective lifestyle and drug therapy to reduce risk of progression of	ED2 Provide information and advice about how to reduce the risk of CHD

established vascular disease	disease	vascular disease	
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CARDIAC REHABILITATION

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Run exercise classes	Phase 3 – physiotherapist or exercise specialist. Phase 4 – BACR qualification recommended	Run safe exercise classes	HA14 Deliver supervised exercise sessions
Assess patients' suitability for exercise	The risks of exercising patients with heart disease. How to assess individual patients' ability to exercise safely	Advise patients about appropriate safe exercise programmes for carrying out either in classes or at home	HA9 Assess individuals' needs and abilities before planning exercise and physical activities HA10 Plan exercise and physical activities with individuals to meet their needs and abilities
Provide dietary advice	Appropriate diets for cardiovascular risk reduction including saturated fat reduction, salt restriction and calorie control	Provide patients and carers with broad dietary advice appropriate to their requirements	ED2 Provide information and advice about how to reduce the risk of CHD
Provide information about medication	The range of cardiovascular medications and their pharmacokinetics and side effects	Assist patients with understanding their medication and encourage compliance	HL1 Enable individuals to take their medication as prescribed

PROMOTION OF PATIENT / CARER SELF-MANAGEMENT

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Chronic disease self-management	The management of the condition in question	Be able to educate patients about their condition and instruct them in making appropriate observations and management decisions	ED2 Provide information and advice about how to reduce the risk of CHD E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life GEN14 Provide advice and information to individuals on how to manage their own condition

MANAGING PERSONAL PERFORMANCE

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
Continuing professional development	How to keep up to date in the chosen field, and requirements for revalidation		GEN13 Synthesise new knowledge into the development of your own practice

SERVICE PLANNING

<i>OBJECTIVE</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
To contribute to the design of local services and improvement of public health	Principles of epidemiology and public health	Assess the health needs of local populations and the interventions that could favourably impact on them. Be able to provide this data in a form that enables commissioners to determine the best use of resources	PHS06 Assess risks to the population's health and wellbeing and apply this to practice PHS07 Assess the evidence and impact of health and healthcare interventions, programmes and services and apply the assessments to practice PHP12 Communicate data and information about the health and wellbeing and related needs of a defined population
To develop and present local delivery plans	The requirements and methodology of LDPs	Collate and present service plans to commissioners and national bodies in an effective way	PHP30 Work in partnership with others to plan how to put strategies for improving health and wellbeing into effect GEN54 Develop plans to meet local needs for health care services
To translate National policy (NSF etc) into local policy	National targets and policy, and local needs	Have an understanding of national targets, standards and audit points and how national policy can be translated into local action	PHP30 Work in partnership with others to plan how to put strategies for improving health and wellbeing into effect PHP31 Work in partnership with others to implement strategies for improving health and wellbeing PHP32 Work in partnership with others to monitor and review strategies for improving health and wellbeing GEN54 Develop plans to meet local needs for health care services
To develop and review policies, strategies and plans for CHD services	National targets and policy, and local needs	Know how to ensure that local plans are consistent both with national policy and with local needs	PHP30 Work in partnership with others to plan how to put strategies for improving health and wellbeing into effect PHP31 Work in partnership with others to implement strategies for

			<p>improving health and wellbeing</p> <p>PHP32 Work in partnership with others to monitor and review strategies for improving health and wellbeing</p> <p>ED1 Contribute to developing policies that reduce the risk of CHD</p> <p>GEN54 Develop plans to meet local needs for health care services</p> <p>GEN56 Review strategies and plans to meet local needs for health care services</p>
To review and enhance the strategic position of the PCT in relation to cardiovascular services		Work with the PCT in delivering the joint vision for cardiovascular services	<p>PHP32 Work in partnership with others to monitor and review strategies for improving health and wellbeing</p> <p>ED1 Contribute to developing policies that reduce the risk of CHD</p>
To reduce the risk of people experiencing CHD	The relationship between risk factors and the development of cardiovascular disease	Understand the factors contributing to risk of CHD, and how to prevent it. Use this to develop local policy	ED1 Contribute to developing policies that reduce the risk of CHD
To address the needs of the local population	Methodologies for assessment of population needs	Assess the healthcare needs of the local population in order to develop appropriate cost-effective policies	<p>PHS06 Assess risks to the population's health and wellbeing and apply this to practice</p> <p>PHS07 Assess the evidence and impact of health and healthcare interventions, programmes and services and apply the assessments to practice</p>
To ensure equity of local provision	Principles of assessment of equity	Develop plans to improve the equitable provision of care	PHP30 Work in partnership with others to plan how to put strategies for improving health and wellbeing into effect

SERVICE DEVELOPMENT AND DELIVERY

OBJECTIVE	Knowledge	Skills	National Occupational Standards and Workforce Competences
To plan cost-effective services	Financial planning	Broadly estimate the cost of existing and planned services. Make the best use of available resources	<p>B1 Develop and implement operational plans for your area of responsibility</p> <p>E2 Manage finance for your area of responsibility</p>

To develop clinically effective services	Clinical priorities and effectiveness	Contribute clinical understanding to the development of cardiology services	ED1 Contribute to developing policies that reduce the risk of CHD
To ensure that service improvement and workforce development is at the heart of delivery	Service improvement methodologies, and workforce development	Work with local teams to develop efficient and well-designed services	435 Manage the development and direction of a provision B1 Develop and implement operational plans for your area of responsibility WP9 Contribute to developing and implementing a workforce plan
To work across organisational boundaries	The incentives and barriers to working across organisational boundaries	Design services around the patient by working across traditional service boundaries	435 Manage the development and direction of a provision

COMMISSIONING

OBJECTIVE	Knowledge	Skills	National Occupational Standards and Workforce Competences
To work with commissioners, PCT leads and local secondary care representatives to commission local CHD services	Commissioning processes	Work across organisations to commission seamless local services	GEN50 Monitor and evaluate the quality, outcomes and cost-effectiveness of health care services GEN51 Procure health care services for individuals
To contribute to the commissioning of local services that are consistent with network and PEC objectives	The aims and objectives of the cardiac network	Work with the PEC and the cardiac network to ensure consistency of approach	GEN50 Monitor and evaluate the quality, outcomes and cost-effectiveness of health care services GEN51 Procure health care services for individuals

EDUCATION

Objective	Knowledge	Skills	National Occupational Standards and Workforce Competences
To develop programmes for educating GPs / PwSIs	Design educational programmes	Assist in the educational development of local GPs and other PwSIs	L4 Design learning programmes
To mentor staff developing CHD skills	The educational requirements of individuals providing	Assist and mentor GPs and other PwSIs towards their educational goals	L14 Support learners by mentoring in the workplace

	local cardiological services		
To support and develop specialist nurses and other healthcare professionals	The roles, responsibilities and educational requirements of all members of the interface team	Understand how to design and deliver local educational programmes	L4 Design learning programmes

AUDIT AND CLINICAL GOVERNANCE

<i>Objective</i>	<i>Knowledge</i>	<i>Skills</i>	<i>National Occupational Standards and Workforce Competences</i>
To lead the cardiovascular quality assurance programme in primary care including: Clinical governance process; Clinical standards	Set up and evaluate clinical audits. Know the appropriate quality standards, and clinical governance structures	Assess the quality of cardiovascular services, and involve other staff in driving up standards	H117 Facilitate the clinical audit process B8 Ensure compliance with legal, regulatory, ethical and social requirements
To ensure the appropriateness of the various working environments and monitor and report on cleanliness	Understand the design and maintenance issues around the environments in which cardiovascular services are delivered	Assess appropriateness of the working environment and the equipment provided	E6 Ensure health and safety requirements are met in your area of responsibility E7 Ensure an effective organisational approach to health and safety
To develop audit and IT processes to appraise services and inform service improvement	Understand clinical audit and the various audit systems in use for cardiovascular services.	Set up processes to record audit and process information and contribute to appropriate local or national audit programmes	H12 Develop models for processing new data and information H117 Facilitate the clinical audit process
Physical Resources	Know the health and safety requirements relating to the environments in which services are delivered	Assess the safety of the working environment	E6 Ensure health and safety requirements are met in your area of responsibility E7 Ensure an effective organisational approach to health and safety

APPENDIX 2: SUMMARY OF PwSI AND RELEVANT SKILLS FOR HEALTH NUMBERS AND COMPETENCES

Service Planning

- GEN54 Develop plans to meet local needs for health care services
- GEN56 Review strategies and plans to meet local needs for health care services
- PHS06 Assess risks to the population's health and wellbeing and apply this to practice
- PHS07 Assess the evidence and impact of health and healthcare interventions, programmes and services and apply the assessments to practice
- PHP12 Communicate data and information about the health and wellbeing and related needs of a defined population
- PHP30 Work in partnership with others to plan how to put strategies for improving health and wellbeing into effect
- PHP31 Work in partnership with others to implement strategies for improving health and wellbeing
- PHP32 Work in partnership with others to monitor and review strategies for improving health and wellbeing
- ED1 Contribute to developing policies that reduce the risk of CHD

Service Development and Delivery

- B1 Develop and implement operational plans for your area of responsibility
- E2 Manage finance for your area of responsibility
- ED1 Contribute to developing policies that reduce the risk of CHD
- 435 Manage the development and direction of a provision
- WP9 Contribute to developing and implementing a workforce plan

Commissioning

- GEN50 Monitor and evaluate the quality, outcomes and cost-effectiveness of health care services
- GEN51 Procure health care services for individuals

Education

- L4 Design learning programmes
- L14 Support learners by mentoring in the workplace

Audit and Clinical Governance

- HI2 Develop models for processing new data and information

- HI17 Facilitate the clinical audit process
- B8 Ensure compliance with legal, regulatory, ethical and social requirements
- E6 Ensure health and safety requirements are met in your area of responsibility
- E7 Ensure an effective organisational approach to health and safety

Presenting Symptoms – Breathlessness

- GEN14 Provide advice and information to individuals on how to manage their own condition
- CHS39 Assess an individual with a suspected health condition
- CHS40 Establish a diagnosis of an individual's health condition
- CHS41 Develop and agree treatment plans for individuals
- CHS83 Interpret and report on the findings of investigations
- CHS106 Request imaging investigations to provide information on an individual's health status and needs
- CHS120 Establish an individual's suitability to undergo an intervention
- BC1 Perform standard tests to investigate function of major organs or systems
- BC2 Perform specialised tests to investigate function of major organs or systems
- CARD3 Determine appropriate procedures for cardiac patients
- CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the cardiovascular system
- E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life

Presenting Symptoms – Chest Pain

- GEN14 Provide advice and information to individuals on how to manage their own condition
- CHS3 Administer medication to individuals
- CHS39 Assess an individual with a suspected health condition
- CHS40 Establish a diagnosis of an individual's health condition
- CHS41 Develop and agree treatment plans for individuals
- CHS83 Interpret and report on the findings of investigations
- CHS106 Request imaging investigations to provide information on an individual's health status and needs
- CHS120 Establish an individual's suitability to undergo an intervention
- CARD3 Determine appropriate procedures for cardiac patients
- CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the cardiovascular system
- CARD7 Perform a range of procedures to modify function and performance of the cardiovascular system
- E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life

Presenting Symptoms – Palpitation

- CHS39 Assess an individual with a suspected health condition
- CHS40 Establish a diagnosis of an individual's health condition
- CHS41 Develop and agree treatment plans for individuals
- CHS83 Interpret and report on the findings of investigations
- CHS106 Request imaging investigations to provide information on an individual's health status and needs
- CHS120 Establish an individual's suitability to undergo an intervention

- BC1 Perform standard tests to investigate function of major organs or systems
- BC2 Perform specialised tests to investigate function of major organs or systems
- CARD3 Determine appropriate procedures for cardiac patients
- CARD5 Perform a range of diagnostic procedures to investigate function, structure and performance of the cardiovascular system

Presenting Symptoms – Blackouts and Dizzy Spells

- CHS39 Assess an individual with a suspected health condition
- CHS40 Establish a diagnosis of an individual's health condition
- CHS41 Develop and agree treatment plans for individuals
- CHS83 Interpret and report on the findings of investigations
- CHS106 Request imaging investigations to provide information on an individual's health status and needs
- CHS120 Establish an individual's suitability to undergo an intervention
- CARD3 Determine appropriate procedures for cardiac patients

Hypertension

- CHS39 Assess an individual with a suspected health condition
- CHS40 Establish a diagnosis of an individual's health condition
- CHS41 Develop and agree treatment plans for individuals
- CHS83 Interpret and report on the findings of investigations
- CHS106 Request imaging investigations to provide information on an individual's health status and needs
- CHS120 Establish an individual's suitability to undergo an intervention
- CARD3 Determine appropriate procedures for cardiac patients

Palliation

- PSL5 Undertake an assessment or re-assessment of a patient
- PSL8 Develop joint operational policies and care pathways
- PSL9 Implement and evaluate joint operational policies and care pathways

Primary Prevention

- CHS39 Assess an individual with a suspected health condition
- EF3 Carry out screening assessments with individuals with CHD and those at significant risk of developing CHD
- ED2 Provide information and advice about how to reduce the risk of CHD

Secondary Prevention

- ED2 Provide information and advice about how to reduce the risk of CHD

Cardiac Rehabilitation

- HA14 Deliver supervised exercise sessions
- HA9 Assess individuals' needs and abilities before planning exercise and physical activities
- HA10 Plan exercise and physical activities with individuals to meet their needs and abilities

- ED2 Provide information and advice about how to reduce the risk of CHD
- HL1 Enable individuals to take their medication as prescribed

Promotion of Patient / Carer Self Management

- ED2 Provide information and advice about how to reduce the risk of CHD
- E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life
- GEN14 Provide advice and information to individuals on how to manage their own condition

Managing Personal Performance

- GEN13 Synthesise new knowledge into the development of your own practice

APPENDIX 3: ASSESSMENT TOOLS

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

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

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

- Where candidates have undertaken national courses they will have had a local mentor / trainer who will have observed the skills of the individual and reported back to the university in question through formal reporting channels decided by the university.
- If the individual is being trained locally, it is strongly recommended that a series of clinical assessments takes place at least four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions,
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions,
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes to include cases normally seen / managed in secondary care.
- 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 4: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

British Cardiovascular Society (BCS) has developed a 'Skills-based operational framework for practitioners with a special interest in cardiology'

http://www.heart.nhs.uk/heart/Portals/0/docs_2007/PwSI_Framework_Jan07_HIP018.pdf

The Coronary Heart Disease National Service Framework, March 2000

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094274

NICE Guidelines on Heart Failure Management

<http://www.nice.org.uk/nicemedia/pdf/CG5NICEguideline.pdf>

NICE Guidelines on Atrial Fibrillation

<http://www.nice.org.uk/nicemedia/pdf/CG036niceguideline.pdf>

NICE Guidelines on Hypertension

<http://www.nice.org.uk/nicemedia/pdf/CG034NICEguideline.pdf>

Health Care Commission report on Heart Failure

http://www.healthcarecommission.org.uk/db/documents/Pushing_the_boundaries_Improving_services_for_patients_with_heart_failure_200707042319.pdf

British Cardiovascular Society

<http://www.bcs.com>

APPENDIX 5: MEMBERSHIP OF CARDIOLOGY 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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