

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

SUBSTANCE MISUSE



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 Substance Misuse 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 Substance Misuse . 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

The effectiveness of well-delivered, evidence-based treatment for substance misuse is well established and Government initiatives over the last decade have aimed to improve the quality and number of practitioners able and willing to deliver evidence-based treatment to substance misusers.

Many substance misusers have a myriad of health and social problems, which require interventions from a range of providers. Joint working across health and social care, together with access to psychosocial interventions is therefore a key feature of effective treatment. It is seldom that one clinician will be able to meet these needs in isolation. One of the special features and strengths of drug treatment in the UK is the valuable partnership between statutory NHS drug treatment services and non-statutory or voluntary sector drug treatment providers which comprise up to half of service provision in some local areas. In addition, the successful management and treatment of substance misusers depends on effective collaboration across professional boundaries for example between pharmacists, doctors and drugs workers.

This document represents an updating of *Guidelines for the Appointment of General Practitioners with Special Interests in the Delivery of Clinical Services: Substance Misuse* published by the Department of Health in April 2003 (http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=23017&Renderition=Web).

This guidance provides detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as practitioners with a special interest in substance misuse.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Substance Misuse have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners need to be reminded that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or other allied health care professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

**IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF
SUBSTANCE MISUSE**

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

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

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

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

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

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

Combining an understanding of local demography and epidemiology of substance misuse, coupled with a knowledge of local health and social care services, will enable PwSIs in Substance Misuse to influence service planning and service commissioning across local health economies. They will also need to be aware of other relevant settings where treatment and care of substance misusers is provided, including non-statutory and (voluntary) third sector providers and private providers.

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

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

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency

EXAMPLES OF A PwSI SERVICE IN SUBSTANCE MISUSE

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

Clinical Services

- Providing a service to drug users in special circumstances, for example custodial settings, dose assessment services, supervised consumption services
- Facilitate support for secondary care teams managing substance misuse patients during hospital admissions
- Identifying and addressing the needs of vulnerable and disadvantaged groups

Leadership

- Incorporate a significant service development role, eg, GP lead for substance misuse in a primary care trust
- Advise commissioners and providers on short, medium and long term planning for prevention, treatment and care for substance misuse
- Input into local substance misuse strategies
- Lead pharmacist for shared care substance misuse services

Liaison

- Providing services to substance misusers with special needs, eg, pregnant women and young people
- Liaise with a range of health and social care professionals - to improve understanding of causes, prevention and treatment of substance misuse

Education

- Using skills in a specialist setting working to provide primary care services to drug users, eg, within a rehabilitation unit

PHARMACISTS

Pharmacists provide a significant point of first contact with the patient and the type of services that pharmacists are able to provide is varied. Since the publication of the 1999 Clinical Guidelines

(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009665) increasing emphasis has been placed on the important contribution that pharmacy practitioners can have in both community and hospital settings.

Pharmacists with a special interest in substance misuse may offer a comprehensive and wide ranging service in their locality. These include some activities which are within their core pharmacist role, while other activities may require advanced or PwSI skills.

For example:

- Engagement in shared care arrangements with substance misuse, eg, *The Oxfordshire Approach*, a shared care handbook for general practitioners and community pharmacists (available from www.smmgp.org.uk/download/localguides/oxfordshire01.pdf)
- Needle exchange schemes including for users of performance enhancing drugs
- Harm reduction services, eg, care for minor infections, overdose prevention training, motivational interviewing, brief interventions, safer injecting techniques, injecting hygiene, vein care, sexual risk, alternatives to injecting
- Where they are also qualified as supplementary or independent prescribers, prescribing for drug users including, titration, stabilisation, maintenance and detoxification
- Management of minor ailment schemes for substance misusers
- Supervise dose induction
- Provide health promotion services, eg, dietetics / nutrition, dental hygiene
- Blood borne virus service including hepatitis B vaccination under a Patient Group Direction, BBV testing and pre and post test counselling
- Smoking cessation services
- Medication reviews
- Detoxification and maintenance treatment for opiate users
- Smoking cessation (including cannabis) services

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).

The national framework for pharmacists with special interests (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138868) includes two descriptive examples of substance misuse service models similar to PhwSI.

The document *Roles and Responsibilities of Doctors in the Provision of Treatment for Drug and Alcohol Misusers*, Royal College of Psychiatrists and Royal College of Practitioners, *Council Report CR131*, 2005 (<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr131.aspx>) gives examples of different types of services and models of care tiers for doctors working with substance misusers.

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:

- National Institute for Health and Clinical Excellence:
<http://www.nice.org.uk>
- The Department of Health:
<http://www.dh.gov.uk/en/index.htm>

In addition:

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

- National Treatment Agency for Substance Misuse (NTA), Models of Care Update 2006: http://www.nta.nhs.uk/areas/models_of_care/default.aspx
- NTA care planning guidance 2007
- Best practice guidance for commissioners and providers of pharmaceutical services for drug users, NTA, February 2006
- Clinical guidelines for the management of substance misuse 2007
- National service frameworks

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 Substance Misuse include the following:

- Access to support and supervision from substance misuse specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- 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.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Substance Misuse will necessarily have all the competences referred to in this document. The commissioners need to ensure that the practitioner has the specific competences to meet the requirements of their service specification.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

GENERAL PRACTITIONERS

The document *Roles and Responsibilities of Doctors in the Provision of Treatment for Drug and Alcohol Misusers*, RCPsych and RCGP, 2005, (<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr131.aspx>) sets out the competences for doctors in detail. This document was produced in partnership with the Royal College of General Practitioners, Royal College of Psychiatrists and National Treatment Agency.

The competences for a PwSI in Substance Misuse are summarised below:

- Advice
- Identification
- Assessment
- Risk assessment
- Patient management
- Training supervision and teaching
- Research and audit and management
- Service development

A full table outlining the competences that fall under each domain can be found at: <http://www.rcpsych.ac.uk/files/pdfversion/cr131.pdf#page=15>

PHARMACISTS

Pharmacists are expected to have the relevant competences dependent on the requirements of the service. These are defined in *The Drug and Alcohol National Occupational Standards* (DANOS). The latest version can be downloaded from the Skills for health website (www.skillsforhealth.org.uk). *DANOS De-mystified* – a specially developed e-learning package allowing users to work through DANOS at their own pace is available from www.fdap.org.uk/training/elearning.html.

Many of these competences are similar to those of general practitioners and outlined in the *Roles and Responsibilities* document. Additional pharmacist specific areas are outlined below.

Pharmacists should be proficient in generalist areas of:

- Safe dispensing of drugs
- Safe consumption of drugs, including risks of interaction with alcohol
- Safe storage of take-home drugs

Pharmacists should demonstrate advanced knowledge in more specialist areas by:

- Providing relevant harm reduction advice, including safe injecting, avoidance and management of blood borne viruses
- Supporting users in accessing needle exchange services
- Assessing patients on prescriptions of opiates for signs of intoxications / fall in tolerance
- Providing smoking cessation advice and brief interventions for alcohol
- Taking histories as it relates to pharmacy
- Referring appropriately for more complex prescribing regimens
- Identifying primary health care needs such as dental, nutritional, contraception care
- Being aware of factors increasing risk of drug related deaths and communicating information to patients / clients
- Monitoring the amount of controlled drugs prescribed by the doctor and the practice
- Understanding use and abuse of OTC drugs and other prescribed medicines
- Understanding modern non-pharmacological treatments in the field of drug misuse
- Practicing a policy for dealing with temporary patients or new patients asking for controlled drugs or drugs that can be abused
- Contributing to local and national strategies for substance misuse and related issues
- Linking into other substance misuse service providers, commissioners and Drugs and Alcohol Teams (DaAT) where appropriate
- Research, audit and management

3.3 DRUG AND ALCOHOL NATIONAL OCCUPATIONAL STANDARDS

The Drug and Alcohol National Occupational Standards (DANOS) framework provides an overview of the standards of performance that workers in the drugs and alcohol field or related sectors should be working to. They also describe the knowledge and skills workers need in order to perform to the required standard. They are relevant to everyone who is working to improve the quality of life for individuals and communities by minimising the harm associated with substance misuse, including doctors, pharmacists, nurses, medical officers in prisons, social workers and probation officers who regularly work with substance misusers. The full suite of DANOS competences can be viewed on the Skills for Health website

(http://www.skillsforhealth.org.uk/tools/view_framework.php?id=61).

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

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

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

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other post under the supervision of a specialist or consultant in diabetes 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 with a designated medical practitioner who is a specialist in substance misuse treatment
- Successful completion of specialist substance misuse training to certificate or diploma level. This is recommended as a good way of obtaining and demonstrating structured learning
- Successful completion of the RCGP Certificate in the Management of Drug Misuse

PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements. Pharmacists with a special interest in substance misuse are expected to demonstrate a range of evidence in line with the generic PwSI 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 Substance Misuse will need to draw on support from substance misuse 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.

4.2 FURTHER INFORMATION – CERTIFICATE IN THE MANAGEMENT OF DRUG MISUSE

The Royal College of General Practitioners' Certificate in the Management of Drug Misuse (Part 1 and Part 2) provides training to meet the competences for practitioners up to and including PwSIs in Substance Misuse. This is a multi-disciplinary and multi-professional training programme open to GPs and pharmacists

http://www.rcgp.org.uk/practising_as_a_gp/substance_misuse.aspx

The certificate course is recognised by many employers as appropriate additional training for non-medical prescribers wishing to work in the substance misuse field. However, it is the responsibility of the non-medical prescriber to ensure they are working within their competence and confidence.

It is the responsibility of the non-medical prescriber's employer to have robust clinical governance mechanisms to ensure there are appropriate assessment and appraisal systems in place. This is to make sure the non-medical prescriber is sufficiently competent to prescribe in any specific situation.

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 knowledge gained via attendance at accredited courses / conferences or from online / distance learning courses

Further information regarding the above assessment tools can be found in Appendix 1.

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 substance misuse.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

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

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD; this should occur across the spectrum of the required 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 substance misuse specialist service(s)
- Contribute to local clinical audits
- Participate in clinical supervision – providing supervision for less experienced practitioners, eg, GPs and pharmacists providing enhanced services for drug users
- Receive regular clinical supervision from more experienced practitioners which may be from another profession, eg, a pharmacist may obtain supervision from a psychiatrist in addictions

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

PwSI IN SUBSTANCE MISUSE PORTFOLIO

The portfolio should provide a track record of providing high quality substance misuse care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in substance misuse care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

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.druginfozone.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 / 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: 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 substance misuse:

- It is strongly recommended that a series of clinical assessments (eg, using a modified mini-CEX or other face-to-face assessment) takes place four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist or consultant, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.

- For PwSIs who have not completed a specialist qualification at certificate or diploma level 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 2: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

Department of Health

Implementing care closer to home: convenient quality care for patients. Part 3: The accreditation of GPs and Pharmacists with Special Interests, Department of Health, 2007

Developing an Integrated Model of Care for Drug Treatment: Promoting quality, efficiency and effectiveness in drug misuse treatment services, Department of Health, Models of Care Project

A National Framework for Pharmacists with Special Interest, Department of Health, September 2006

Drug Misuse and Dependence UK guidelines on Clinical Management 2007, Department of Health, 2007

Implementing Agenda for Change for NHS Contractors Staff in England. A best practice guide, Department of Health, 2004

Drug misuse and dependence – guidelines on clinical management: update 2007, Department of Health 2007

National Prescribing Centre

Maintaining competency in prescribing. An outline framework to help pharmacist prescribers, National Prescribing Centre, October 2006

National Institute for Health and Clinical Excellence

Publications and guidance (<http://www.nice.org.uk>):

- *Methadone and buprenorphine for the management of opioid dependence, January 2007*
- *Naltrexone for the management of opioid dependence, January 2007*
- *Drug misuse: psychosocial management of drug misuse, July 2007*

- *Drug misuse: opiate detoxification for drug misuse, July 2007*
- *Interventions to reduce substance misuse among vulnerable young people, March 2007*

Royal College of General Practitioners

Good Medical Practice for General Practitioners, RCGP & General Practitioners Committee, 2002

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NTA Roles and Responsibilities for Doctors

http://www.nta.nhs.uk/publications/documents/nta_doctors_roles_and_responsibilitiessept_2005.pdf

Models of care for treatment of adult drug users: update 2006, National Treatment Agency, 2006

http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf

Helpful substance misuse and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link:

www.jchmt.org.uk/assessment/performanceAssessmentDocs.asp

Royal College of General Practitioners

The toolkit for General Practitioners and Primary Care Organisations: *Criteria, Standards and Evidence Required for Practitioners Working with Drug Users*

<http://www.rcgp.org.uk/drugs/index.asp>

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- *Guidance for the use of Buprenorphine for the Treatment of Opioid Dependence in Primary Care* 2004
- *Guidance for Working with Cocaine and Crack Users in Primary Care* 2005
- *Guidance for the use of Methadone for the Treatment of Opioid Dependence in Primary Care* 2005
- *Guidance for prevention, testing, treatment and management of Hepatitis C in Primary Care* 2007

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APPENDIX 3: MEMBERSHIP OF SUBSTANCE MISUSE PwSI STAKEHOLDER GROUP

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