

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

ADULT ENDOSCOPY (UPPER & LOWER GI)



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 Endoscopy 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 Endoscopy . 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 provides information to guide accreditors and practitioners towards the type 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, developed with the support of the Primary Care Society for Gastroenterology (PCSG) relates only to the specific training and accreditation needs of general practitioners seeking accreditation as PwSIs in Endoscopy.

The competency framework is designed to help these practitioners understand and develop the extended competences they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework.

Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialists in gastroenterology and / or access to other PwSIs.

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

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

Practitioners accredited as a PwSI in Endoscopy can offer commissioners:

- Increased ability to look at patients holistically
- A broad base of medical experience
- Ability to manage common GI conditions that may not require endoscopic intervention
- Confidence in knowing who can safely be discharged to primary care and who should be followed up
- Local knowledge with respect to referral pathways
- Good links with secondary care
- Understanding and experience with respect to prescribing for GI conditions
- Knowledge of and direct involvement in prescribing costs
- Knowledge of where to find good information leaflets especially electronic ones
- Appreciation of the reasons that motivate GPs to refer patients for further investigation of dyspepsia
- Ability to inform national and local commissioning process for example via membership of PBC groups
- Non-hospital perspective which allows for the development of different and perhaps innovative models of service provision

**IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF
ENDOSCOPY**

Many GPs 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 or 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 endoscopic treatment.

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

There are two main facets to endoscopy in primary care:

- GPs that perform endoscopy in a secondary care setting at a consultant led unit
- GPs that perform endoscopy in an autonomous clinical unit¹

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 times
- Communication pathways
- Consent
- Confidentiality and information sharing
- Contact with specialist in GI medicine (or consultant with special interest in Endoscopy)
- Multi-disciplinary working
- Caseload / frequency

¹ Dalrymple J, Galloway JM, Hungin P et al. The care of gastrointestinal disorders outside hospital. London PCSG Publications: 2006

EXAMPLES FOR A PwSI IN ENDOSCOPY

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

Clinical

- Performing one or all of the modalities of endoscopy including gastroscopy, flexible sigmoidoscopy and colonoscopy

Leadership

- Leading service development within the Primary Care setting

Education and Training

- Advising local GPs in order to improve the appropriate use of the service and management of patient with gastroenterological disease

Liaison

- Working as a team member with the local gastrointestinal multi-disciplinary team and collaborate with the Primary Care and Acute Trusts

PATIENT SUITABILITY FOR A PwSI SERVICE IN THE ACUTE OR COMMUNITY SETTING

Patients suitable for a PwSI service are those who have symptoms and or clinical signs that indicate the need for an endoscopic examination. In an Acute Trust setting this may include emergency cases requiring interventional procedures; in a primary care setting this should be limited to diagnostic procedures in adult patients, appropriate for the relevant unit. Higher risk patients (and higher risk procedures) should be treated (performed) in secondary care via referral to a gastroenterologist or surgeon, and not by the general practitioner-led service (unless competent to perform these procedures, and in an appropriate setting).

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:

- British Society of Gastroenterology
<http://www.bsg.org.uk/index.php>

In addition:

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

- The National Institute for Health and Clinical Excellence (NICE)
<http://www.nice.org.uk>

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 set by the employing authority.

This will include, for example:

- Contact with other endoscopy health professionals
- Direct access to, and support from, a local consultant endoscopist, a PwSI contact or a multi-professional team
- 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)
- Communication / updating medical records
- Communication and 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 Endoscopy include the following:

- Direct access to, and support from, consultant endoscopists and / or PwSI
- Direct access to Multi-disciplinary teams – eg, pathologists
- Clinical and administrative support staff available as required for each service
- Adequate IT and means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective quality clinical audit and performance monitoring
- Direct access to diagnostic provision (including reporting)
- Access to educational material / clinical reference databases (including supported learning), events and conferences to ensure they are undertaking appropriate CPD

The JAG (Joint Advisory Group on Gastrointestinal Endoscopy) guidelines stipulate the facilities that are required when delivering training for endoscopy services.

These 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

Every endoscopy facility should demonstrate continuous quality assurance through the Global Rating Scale (GRS). This is not mandatory but is a marker of good practice. <http://www.grs.nhs.uk>

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. 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).

To ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety the minimum standard of Global Rating Scale (GRS) level D should be achieved. <http://www.grs.nhs.uk>

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

- **Lines of responsibility and accountability:** For overall quality of clinical care.
- **Monitoring of clinical care:** Covered by adherence to the GRS which includes the patients' and carers' experience sought through surveys with staff supported 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.

Considering the length of time it can take to train a PwSI in Endoscopy, commissioners should consider offering extended contracts of more than three years duration.

- **Risk management programmes:** Included in clinical risk management, and in protocols on good record keeping, patient safety, confidentiality, handling complaints as well as systems for recording, reporting, responding and learning from significant events.

- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance with reference to the Global Rating Scale (GRS) and / or 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)

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

3.2 SPECIFIC COMPETENCES

Competent general practitioners will be able to demonstrate that they have sufficient skills to ensure the safe and effective practice of adult endoscopy and are expected to have good knowledge of the curriculum areas relevant to the safe and effective delivery of the specific commissioned service.

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

The competences for a PwSI in Endoscopy are published in Appendix A of the Primary Care Society for Gastroenterology (PCSG) document,

Guidelines for the appointment of General Practitioners with Special Interest in undertaking procedures in Gastrointestinal Endoscopy (<http://pcsg.org.uk>).

These have been developed using Skills for Health and are the endoscopy workforce competences and define the activity that the clinician is able to perform.

They are summarised below:

END1	COMMUNICATE AND RELATE TO INDIVIDUALS DURING ENDOSCOPIC PROCEDURES
END2	PROVIDE INFORMATION ON ENDOSCOPIC PROCEDURES TO INDIVIDUALS
END3	REFER INDIVIDUALS FOR ENDOSCOPIC PROCEDURES
END5	AGREE ENDOSCOPIC PROCEDURES FOR INDIVIDUALS
END7	PREPARE INDIVIDUALS FOR ENDOSCOPIC PROCEDURES
END9	ASSIST COLLEAGUES DURING ENDOSCOPIC PROCEDURES
END10	ADMINISTER SEDATION AND ANALGESIA TO INDIVIDUALS DURING ENDOSCOPIC PROCEDURES
END11	ASSESS AND OPTIMISE THE CONDITION OF INDIVIDUALS DURING ENDOSCOPIC PROCEDURES
END12	PERFORM DIAGNOSTIC AND THERAPEUTIC ENDOSCOPIC PROCEDURES
END13	IDENTIFY SIGNS OF ABNORMALITY REVEALED BY ENDOSCOPIC PROCEDURES
END14	COLLECT SPECIMENS THROUGH THE USE OF ENDOSCOPIC PROCEDURES
END15	MANAGE POLYPS THROUGH THE USE OF ENDOSCOPIC PROCEDURES
*END 16	MANAGE STRICTURES THROUGH THE USE OF ENDOSCOPIC PROCEDURES
END 17	MANAGE HAEMOSTASIS THROUGH THE USE OF ENDOSCOPIC PROCEDURES
END 18	REVIEW THE RESULTS OF ENDOSCOPIC PROCEDURES
END 19	PROVIDE REPORTS ON ENDOSCOPIC PROCEDURES

*Acute hospital setting only

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

Training for endoscopy is strictly regulated by the Joint Advisory Group on Gastroenterology (JAG). All training has to take place at JAG-approved units. Initially all practitioners have to attend a formal training course (a JAG-compliant course) in that particular procedure. These courses include the principles and practice of safe endoscopy as well as the indications and contraindications for each type of procedure.

PwSIs should demonstrate that training has occurred in line with the JAG recommendations for training in gastrointestinal endoscopy¹ (Appendix A) Those practitioners who trained before the inception of JAG will have demonstrated competency through sustained delivery of an equivalent service locally; ideally a local accredited JAG trainer should affirm this.

In addition the GP should have knowledge of the appropriate Endoscopy Workforce Competencies⁵ (15 in a primary care setting, 16 in an acute setting, Appendix A).

This can be acquired in several ways and would be expected to include both practical and theoretical training.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other non-consultant career grade post under the supervision of a specialist or consultant endoscopist in the secondary care service
- As part of a vocational training programme
- As a clinical placement agreed locally, eg, in a primary care endoscopy unit
- As part of a recognised university course
- 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

Access to JAG courses is limited to applicants that have an approved supervisor. More information on JAG is available at <http://www.thejag.org.uk>. In order to be used as evidence of the acquisition of competences, all the appropriate training should be completed within a five year framework.

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, 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
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Evidence of gained knowledge via attendance at accredited courses or conferences

Although the accreditation of a practitioner as being fit to provide endoscopy services is outlined by JAG, providing PwSI in Endoscopy services goes beyond this and hence the formal PwSI accreditation process is outlined in the document *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests*.

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 endoscopy.

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 this should be agreed by all key stakeholders as part of the service accreditation. In order for the GP to develop and maintain skills it is important to continue to see sufficient numbers of patients in a relevant clinical setting.

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. For reassessment and revalidation a JAG approved trainer will be required.

Active membership of a professional society such as the Primary Care Society for Gastroenterology (PCSG - <http://www.pcsq.org.uk>) or the British Society of Gastroenterology adds value to the personal portfolio and provides practitioners with the opportunities to develop their knowledge and skills as well as providing clinical governance and a forum for discussion. The GP should check with their Medical Defence Organisation to ensure that their activities are covered under existing indemnity.

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

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD.
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for

the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers.

It is also expected that practitioners will:

- Be actively involved in the local endoscopy specialist service(s)
- Contribute to local clinical audits
- Be expected to monitor service delivery in line with the Global Rating Scale (GRS)

6.2 MONITORING AND CLINICAL GOVERNANCE

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

All relevant guidance can found within the Global Rating Scale (GRS).

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* and should be used in tandem with the JAG guidance.

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.

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

- It is strongly recommended that a series of clinical assessments takes place four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician 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 in Endoscopy 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.

APPENDIX 2: LINKS TO OTHER RESOURCES

1. Joint Advisory Group on Gastrointestinal Endoscopy (2004) www.thejag.org.uk
2. Endoscopy in Primary Care (2001) www.pcsq.org.uk Endoscopy Section
3. Guidelines for the appointment of General Practitioners with Special Interest in undertaking procedures – Gastrointestinal Endoscopy (2006) www.pcsq.org.uk / Endoscopy
4. Safety and Sedation During Endoscopic Procedures (2003) www.bsq.org.uk
5. Guidelines on Decontamination of Equipment for Gastrointestinal Endoscopy www.bsq.org.uk (Guidelines section)
6. Endoscopy Workforce Competence (2005) Skills for Health <http://www.skillsforhealth.org.uk>
7. Endoscopy in Primary Care 1995 www.bsq.org.uk
8. Endoscopy Global Rating Scale (2005) www.grs.nhs.uk
9. GPwSIs (January 2006) Royal College of General Practitioners http://www.rcgp.org.uk/pdf/ISS_INFO_11_JAN06.pdf
10. Performance Assessment Documentation, The Joint Royal Colleges of Physicians Training Board (JRCPTB) <http://www.jrcptb.org.uk/assessment/performance/Pages/PerformanceAssessmentDocumentation.aspx>

APPENDIX 3: MEMBERSHIP OF ENDOSCOPY 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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