Guidelines for the appointment of

General Practitioners with Special Interests
in the Delivery of Clinical Services

Emergency and Unscheduled Care

April 2003
Emergency and Unscheduled Care

This general practitioner with special interest (GPwSI) framework is one of a number of frameworks which the Department of Health has commissioned the Royal College of General Practitioners (RCGP) to produce. The frameworks have been written following extensive consultation with general practitioners, secondary care specialists, Primary Care Trust managers, patients, the Department of Health and the PwSI team in the NHS Modernisation Agency. The frameworks are intended to be advisory for the development of local services, providing good practice and experience, offering recommendations to assist PCOs in determining how to implement a local GPwSI service to meet their needs.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners’ Implementing a scheme for General Practitioners with Special Interests (April 2002, www.doh.gov.uk/pricare/gp-specialinterests), and the NHS Modernisation Agency’s Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service (April 2003, www.gpwsi.org).

Rationale for GPwSI service in Emergency and Unscheduled care

Increasingly, the general thrust for out of hours and emergency care services (Raising Standards for Patients. New Partnerships in Out-of-Hours Care www.doh.gov.uk/pricare/oohreport.htm) is to shift the focus away from the current situation where GP Out of Hours services are separated from the range of services provided in a hospital and elsewhere into one of greater integration. Primary care organisation are now starting to develop a ‘whole-systems’ approach and reconfigure services to best meet the particular service needs for their health community. The GPwSI should be part of this service redesign being able to provide an important bridge between primary and secondary care.

Underpinning the development and delivery of a GPwSI in emergency care and unscheduled care must be the needs of the local population including a review of local emergency service provision and the capacity of local general practitioners to provide the service www.doh.gov.uk/emergencycare/aetargetchecklist.htm

The Emergency Care Leads Toolkit www.nelh-ec.warwick.ac.uk aims to provide a single site to access documents about emergency care modernisation and therefore should be a useful resource for the GPwSI.

a. Core activities of a GPwSI Service in Emergency and Unscheduled care

This framework is intended for general practitioners with special clinical interest in emergency care who, as part of this special interest area, may work on a sessional basis in a clinical, managerial, leadership and/or educational capacity within an emergency or unscheduled care context.

As with other GPwSI services, the doctor would not be expected to work in isolation and the development of the service should be seen alongside the
network of other service providers and be part of a number of options open to the Primary Care Organisation (PCO) to meet the needs of patients and PCOs.

It is important that the GPwSI service should take into account the development of other staff roles such as paramedics and nurse consultants.

The activities of a GPwSI service will depend on a number of factors – including the location and aims of the service. However, the role of the GPwSI are likely to include elements of:

- **Leadership**: providing clinical leadership (e.g. Medical Director) in Emergency and Unscheduled for the PCO or Emergency Care department.
- **Direct clinical care**.
- **Education** role.
- **Facilitation/liaison** between primary and Acute Trust interfaces.

<table>
<thead>
<tr>
<th>Factors that will influence the core activities of a GPwSI service in emergency care</th>
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<tbody>
<tr>
<td><strong>Location</strong> of the service (e.g. Acute Hospital Emergency Department v. Community based minor injuries service).</td>
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<td><strong>Type</strong> of care being provided in that service (e.g. acute emergency care v. medical assessment unit).</td>
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<td><strong>Aims</strong> of the service (e.g. major incident planning v. reducing number of unscheduled attendances).</td>
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<td><strong>Expertise</strong> of the GPwSI service (e.g. major trauma v. strategic planning).</td>
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<tr>
<td><strong>Supporting</strong> structures around GPwSI (e.g. fully equipped emergency care department in large urban area v. rurally based out of hours service).</td>
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</table>
Example of GPwSI services in a variety of settings. These roles may overlap

<table>
<thead>
<tr>
<th>Site</th>
<th>Examples</th>
<th>Core Activities</th>
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<tbody>
<tr>
<td>Acute Trust</td>
<td>Pre-hospital care –</td>
<td><strong>Leadership:</strong> provide primary care leadership in developing patient care</td>
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<td></td>
<td>e.g. Medical Assessment Unit¹</td>
<td>pathways across all unscheduled care. Provide clinical leadership and lead on</td>
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<td></td>
<td>Emergency Care</td>
<td>service development across the PCO or within the Emergency Care Department</td>
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<tr>
<td></td>
<td>(major and/or minors)</td>
<td><strong>Clinical:</strong> medical investigation, assessment and treatment for patients</td>
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<td>streamed for primary care management. Oversee the process of initial assessment</td>
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<td></td>
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<td>and care of patients admitted into the medical assessment unit.</td>
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<td><strong>Education:</strong> establish feedback mechanism with PCO around patterns of referral</td>
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<td></td>
<td></td>
<td>and use of Emergency department by GPs patients in the PCO area.</td>
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<td></td>
<td></td>
<td><strong>Liaison:</strong> Provide primary care expertise with regards to range of community</td>
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<td></td>
<td></td>
<td>services and multi-professional staff: liaison with primary care practitioners,</td>
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<td></td>
<td></td>
<td>PCOs, NHS Direct and GP out-of-hour’s services.</td>
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<tr>
<td>Community</td>
<td>Minor Injuries Unit</td>
<td><strong>Clinical:</strong> direct patient care</td>
</tr>
<tr>
<td></td>
<td>Primary Care Centre</td>
<td><strong>Clinical:</strong> direct patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Liaison:</strong> with other members of the service</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>GP co-operative</td>
<td><strong>Leadership:</strong> developing OOH services and clinical pathways across PCO.</td>
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<tr>
<td>(OOH)</td>
<td></td>
<td>Undertake appraisal and support the development of personal development plans for</td>
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<td></td>
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<td>practitioners working in OOH services.</td>
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<tr>
<td></td>
<td>NHS – Direct</td>
<td><strong>Advisory</strong> role to team in developing clinical protocols for local need.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Liaison</strong> with primary care and OOH providers.</td>
</tr>
<tr>
<td>Other</td>
<td>Scene of Incident Care</td>
<td><strong>Clinical:</strong> provide expert medical care at major incidents as part of an acute</td>
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<tr>
<td></td>
<td></td>
<td>response service.</td>
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</tbody>
</table>

¹ Medical Assessment units (medical admission units, observations wards and alpha wards) are a diverse set of arrangements for the immediate short-term assessment, observation and initial care of patients who present with acute problems. Gathering acutely ill patients into a single area enables continuing close observation by clinical staff familiar with acute conditions, and it eases the conduct of medical ward rounds.
In addition to the specific role, a GPwSI may provide support and training to local GPs, GP registrars and members of the primary health care team. This will include diagnosis and management of common medical emergencies and feedback on their referring pattern.

b. The core competencies recommended for a GPwSI in emergency and unscheduled care

These will depend on the core activities of the service provided though a GPwSI should be able to demonstrate elements listed below.

**Generalist**

The competencies to deliver a GPwSI service should be seen as a development of generalist skills including good communication skills, competence in teaching and training healthcare professionals and a commitment to cascading knowledge and skills.

and

**Special interest area**

- Familiar with a range of clinical problems of patients who present as emergencies and competent in their management.
- Experience in managing minor injuries.
- Competent at cardiopulmonary resuscitation.
- Familiar with recent local and national policies in relation to emergency and unscheduled care.
- Understanding of service redesign and care pathways.
- Familiar with multidisciplinary team working and the use of their skills, expertise and services within and outside the hospital environment.
- Trained and experienced in unified working across the medical specialities and disciplines.
- Good leadership skills.

and

Other competencies depending on service requirements. These will need to be determined accordingly and should be done so in partnership with National and Local experts and current good practice.

c. Evidence of training and experience to meet the competencies of the service

The training required will of course depend on the details of the service being provided.
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**Generalist**

PCOs will need to ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area. This can be assessed in a number of ways but is readily demonstrated by GPs who have passed the Examination of the RCGP and who are current members of the College.

and

Skilled in training health care professionals and committed to cascading knowledge and skills.

and

**Specialist**

This will depend on the type of service being provided and hence the training requirements will vary considerably. Some experience working within an emergency or unscheduled care setting is important, with at least some experience working under direct supervision with a specialist clinician in emergency or unscheduled care. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the competencies of the service requirements, the skills needed for the service and the level of expertise required. For those with little or no experience working in this area the number should be in the region of 40-50 clinical sessions.

or

Personal development portfolio showing evidence of advanced skills and knowledge.

and

Evidence of attendance at relevant courses (see below) or self directed learning to meet educational requirements identified through the professional development plan and annual appraisal for example advanced resuscitation, minor surgery skills, leadership and change management.
### Some examples of training in aspects of emergency care

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-hospital Emergency Care Certificate (PHEC)</td>
<td>An entry level course above first responder level provided by BASICS and examined and certified by the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh.</td>
</tr>
<tr>
<td>Diploma in Immediate Medical Care of the Royal College of Surgeons of Edinburgh (Dip IMC RCS Ed)</td>
<td>A higher-level diploma including major incident management skills</td>
</tr>
<tr>
<td>Fellowship in Immediate Medical Care of the Royal College of Surgeons of Edinburgh (FIMCRCSEd)</td>
<td>Highest-level qualification awarded after examination open only to doctors at least four years after achieving the Diploma</td>
</tr>
<tr>
<td>Basic Trauma Life Support (BTLS)</td>
<td>American pre-hospital trauma course run under licence around the UK</td>
</tr>
<tr>
<td>Pre Hospital Trauma Support (PHTLS)</td>
<td>A similar trauma course to BTLS run under the auspices of the Royal College of Surgeons, London</td>
</tr>
<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
<td>Accredited by the Resuscitation Council UK</td>
</tr>
<tr>
<td>Advanced Cardiac Life Support (ATLS)</td>
<td>Accredited course through the Royal College of Surgeons London</td>
</tr>
<tr>
<td>Major Incident Medical Management (MIMMS)</td>
<td>A course run nationally by the Advanced Life Support Group Manchester</td>
</tr>
</tbody>
</table>

### d. Evidence of acquisition

It is recommended that GPwSIs maintain a personal development portfolio to identify educational requirements matched against the competencies required for the service, and evidence of how the learning needs have been met and maintained. This portfolio can form the training record of the GPwSI, counter-signed as appropriate by the Educational Mentor or specialist/s or others to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies that are enumerated in this document and others as required by the employing authority. This portfolio should form part of the GPwSI annual appraisal.

### e. Accreditation process

This involves determining the core competencies for the special interest area, evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following stakeholder consultation.
Before appointing a GPwSI the PCO will need to ensure that the doctor has submitted evidence of his or her required competence to the expected standard defined by these criteria for accreditation.

The mechanism for this process can be determined locally, although it is recommended that this should be through an assessment of evidence of competence contained in the practitioner’s ongoing personal development portfolio by local (e.g. Clinical Governance Lead, Medical Director, local specialist) and/or national (representative from Professional body or special interest PCO) assessors, where at least one assessor has in-depth specialist knowledge of the clinical area.

The PCO would be expected to provide a working environment as part of the GPwSI post that enables the doctor to practise the special interest area in a competent manner.

f. Evidence of maintenance of competencies

The GPwSI would be expected to maintain his or her competencies through continued professional development and education. It is recommended that they undertake a minimum of 15 hours CPD and undergoes annual appraisal in the special interest and generalist areas.

It would be good practice for CPD to include multiprofessional and disciplinary learning. Close links with specialist colleagues and others working in the field is important for maintenance of competencies.

In order to maintain skills and expertise, it is recommended that the GPwSI spend at least one session per week (ideally more) working in the special interest area and at least one session per week (ideally more) in working as a generalist.

It is important that the GPwSI maintains some direct patient contact in the special interest area.

Membership of a relevant national primary care organisation or network would add to this portfolio.

g. The types of patients suitable for the service including age range, symptoms, severity, minimum and maximum caseload/frequency and reason for referral

These will depend on the core activities of the service and the expertise of the GPwSI and will need to be locally determined. Please refer to www.gpwsi.org and www.rcgp.org.uk/rcgp/corporate/gpspecial_menu.asp for support in this area.
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In order to maintain skills, the RCGP recommends that a GPwSI works at least one session per week in the special interest area (ideally more) and at least one session per week as a generalist GP (ideally more).

h. Recommended facilities for delivery of GPwSI in emergency and unscheduled care service

The facilities and resources needed for the GPwSI to deliver the service will depend on the activities of the service. The basic facilities for all GPwSI in emergency care are:

- Educational mentor.
- Direct access to Emergency Care specialist.
- Direct access to clinical support staff and administrative support as required.
- Access to a professional network of practitioners working in a similar area.

Below are examples of specific facilities required for different types of services

<table>
<thead>
<tr>
<th>GPwSI Role</th>
<th>Additional Facilities / Resources</th>
</tr>
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<tbody>
<tr>
<td>Acute hospital Service</td>
<td>Area in A&amp;E to see patients. Defined operational policies. Defined criteria for admission and discharge. Direct access to diagnostic facilities, such as X-ray, Ultrasound etc. Defined patient flows. Locally agreed written guidelines in common clinical areas. Information technology/communication. Outcome measures linked to continuing audit.</td>
</tr>
<tr>
<td>Community based minor injuries unit</td>
<td>Defined operational policies. Direct access to diagnostic facilities, such as X-ray, Ultrasound etc. Defined patient flows. Locally agreed written guidelines in common clinical areas. Information technology/communication. Outcome measures linked to continuing audit.</td>
</tr>
<tr>
<td>NHS Direct</td>
<td>As per NHS Direct facilities</td>
</tr>
<tr>
<td>Out-of-hours co-operative</td>
<td>Consulting room. Office.</td>
</tr>
</tbody>
</table>

i. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCO level and in acute trusts

The GPwSI will be accountable to the PCO Board with clinical responsibility resting with the GPwSI.
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The Clinical Governance arrangements will follow those normally used for the PCO and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handing.

The GPwSI service should have good mechanisms for joint working and communication, including regular meetings with other service providers.

j. Induction and support arrangements for the GPwSI

Appropriate induction of the GPwSI to the local service and endorsement from senior medical colleagues in secondary care (where the GPwSI is working in an emergency care department) are essential to ensure that the GP’s skills are valued and used appropriately.

Induction may include:

- Risk management.
- Local policies and procedures.
- Networking with other professionals.
- Clinical governance arrangements.
- Audit and reporting mechanisms.

Support

The GPwSI should have a local educational mentor, which can be an Emergency Care Specialist or General Practitioner. The CPD and support requirements (including funding) will be negotiated and agreed as part of the annual appraisal process, which will have input from the relevant organisations.

k. Local guidelines on the use of the service

Local guidelines for the service should reflect and incorporate nationally agreed guidelines, and it is recommended that the GPwSI should be aware of relevant advice issued by organisations such as the National Institute of Clinical Excellence, the Department of Health and the NHS Modernisation Agency.

l. Monitoring and clinical audit arrangements

It is recommended that the GPwSI should attend audit meetings and monitor service delivery, which can include:

- Clinical outcomes and quality of care.
- Critical incident and significant event analysis.
- Requests for investigations.
- Access times.
- Patient satisfaction.
Emergency care

References


www.doh.gov.uk/pricare/oohreport.htm

*Checklist/Toolkit for achieving the four-hour A&E target* (2003, Department of Health).

www.doh.gov.uk/emergencycare/aetargetchecklist.htm

*PCT Competencies for Reforming Emergency Care* (2003, National Primary and Care Trust Development Team).