Guidelines for the appointment of

General Practitioners with Special Interests in the Delivery of Clinical Services

*Mental Health*

April 2003
Mental health

This general practitioner with special interest (GPwSI) framework is one of a number 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 draw on good practice and experience nationally and are intended to be advisory for the development of local services, providing best practice and recommendations.

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 mental health

Mental Health encompasses a large range of clinical conditions, age groups, gender and ethnic specific problems, treatment modalities and other interventions and to suggest a framework that includes all these would be impossible and nonsensical, akin to creating a GPwSI in medicine. This framework provides a guide as to the potential for a GPwSI service and should not be seen as exclusive. It has been designed largely for GPs dealing with mental health problems in adults. The range of conditions, interventions and evidence base for mental health problems in children and young people differ significantly from adult mental health. It is recommended that any PCT establishing a GPwSI service for child or adolescent mental health would need to ensure that the GP possesses specific and separate evidence of having received Child and Adolescent Mental Health Services training and of having acquired competencies relating to CAMH.

The emergent findings from the Mental Health and Psychological Well-Being of Children and Young People module of the Children’s NSF will be particularly relevant to a GPwSI in CAMH.


a. The core activities of the GPwSI in mental health

The National Service Framework for Mental Health (Modern Standards and Service Models. Mental Health) [www.doh.gov.uk/nsf/mhnsf1.htm](http://www.doh.gov.uk/nsf/mhnsf1.htm) defines the activities to be delivered across the NHS by health and allied professionals, with the pace of delivery for local determination, and it is recommended that it should underpin the development of this GPwSI service. A GPwSI service should, in the broadest terms, aim to support the delivery of relevant primary care standards within the Primary Care Organisation (PCO).
Mental health

The core activities will depend on the need of the PCO or employing authority and on the needs of the local population and patients as well as projected workforce planning and flexibilities.

http://www.doh.gov.uk/mentalhealth/fastforwardguidancejan03.pdf

The GPwSI service may provide some or all of the following

**Clinical**

Provide assessment, advice, information and treatment on behalf of primary care colleagues for patients with common mental health problems. Different models will dictate where or to whom this service is provided. In most cases, the GPwSI would be working alongside other mental health providers, either as part of an integrated Community Mental Health team, alongside a specialist Mental Health Provider in a Mental Health Trust or as part of a Specialist-Liaison Primary Care Mental Health Service.

**Education and Liaison**

This usually involves dissemination of good practice across the PCO, training and education in the identification, prevention and management of common mental health problems, supporting practices to develop audit and monitoring systems for patients with enduring mental health problems and developing and implementing clinical guidance and protocols for the assessment and treatment of common mental health problems.

**Leadership/Service Development**

Supporting the development of care pathways across the primary-secondary-community interface to improve the capacity of GPs and others in primary care to deliver effective mental health services. This role is encompassed in the current role of Mental Health leads for PCTs.
Mental health

Other

Beyond this, the activities of the GPwSI service depends on the needs of the PCO and can include provision of:

<table>
<thead>
<tr>
<th>Additional activities depending of the needs of the PCT and the skills of the GPwSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide leadership across the commissioning and service development domains of primary care mental health services.</td>
</tr>
<tr>
<td>• Provide assessment under Section 12 of the Mental Health Act.</td>
</tr>
<tr>
<td>• Provide specific psychological services, such as cognitive behaviour therapy, family therapy, group therapy, psychodynamic psychotherapy.</td>
</tr>
<tr>
<td>• Provide GPwSI service to specific patient populations, for example eating disorder, chronic fatigue syndrome, fears and phobias, depression.</td>
</tr>
</tbody>
</table>

New draft GMS contract

The new draft GMS contract includes a number of quality markers relevant to mental health. The GPwSI would have an important role in helping practices reach the quality targets as well as supporting PCO in developing and monitoring Enhanced services.

b. Competencies recommended to meet the service needs

These will depend on the core activities of the service provided although a GPwSI should be able to demonstrate elements of those 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 health care professionals and a commitment to cascading knowledge and skills.

and

It would be expected that all GPwSIs in mental health have a good knowledge and understanding of the common mental health problems that present in primary care and of the range of pharmacological, social, psychological interventions available (though not necessarily the skills or expertise to use them) and be capable of adapting to the changing requirements of any post, to learn and reflect accordingly.

The competencies in table 1 have been defined following stakeholder consultation.
**Table 1**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Clinical</th>
<th>Education facilitation</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge of</strong></td>
<td>Local epidemiology, presentation, natural history, complications, investigation, treatment of the common mental health problems and how they may present in primary care. Mental Health Promotion. Good knowledge of serious mental health problems, including assessment, treatment and significance of Care Pathway Approach Knowledge of basic psychological/psychosocial skills, such as problem solving, brief intervention, motivational interviewing, basic CBT skills, working with families, behavioural therapy.</td>
<td>Understanding of local primary care educational structures and opportunities. Good understanding of local mental health service provision. Working knowledge of the Misuse of Drugs Act, Children Act and Mental Health Act.</td>
<td>National, local and Professional strategies and guidelines and how these may relate to service configuration within the PCO.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Excellent communication skills. Skilled at brief and minimal intervention.</td>
<td>Able to keep up to date with national and local priorities, treatment changes and services. Able to liaise with educational providers delivering training etc to primary care practitioners, e.g. deanery structures, PCO protected learning events.</td>
<td>Able to work across clinical networks. Able to work effectively in a multidisciplinary team. Good Change management and clinical skills.</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td>Able to engage with patient group in a manner that facilitates good history taking and treatment of mental health problems. Able to provide patient-centred care.</td>
<td>Able to work in a multidisciplinary team and use other members of the team and understanding of their roles, e.g. social services, educational services, voluntary sector. Able to take an evidence based approach to service delivery.</td>
<td>Able to take a whole system approach to patient care, recognising that effective health care involves taking a multiprofessional approach to service planning.</td>
</tr>
</tbody>
</table>
c. Evidence of training for competencies

**Generalist Skills**

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

**Special Interest Skills**

A 6-month full-time or equivalent experience providing community mental health services

or

Evidence of working under direct supervision with a specialist clinician in relevant clinical areas with at least monthly contact with a specialist provider. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the competencies of the service requirements, the skill being assessed and the level of expertise required. For clinicians with little or no experience in providing mental health services this should be in the order of 40 – 50 sessions. *At least some of this experience should be in a community or primary care setting.*

or

Personal development portfolio showing evidence of advanced clinical skills and knowledge.

and

Evidence of attendance at relevant courses or self directed learning to meet educational requirements identified through the personal development plan, for example Motivational Interviewing skills, Section 12 Approval Training.

and

Evidence of annual appraisal and revalidation in their special interest area.

d. Evidence of successful acquisition of those competencies

The RCGP recommends that GPwSI in all areas maintain a personal development portfolio to identify learning needs matched against the competencies required for the service, and evidence of how the learning needs
have been met and maintained. This portfolio can serve as a training record, 
counter-signed as appropriate by an educational mentor or supervisor/s to 
confirm the satisfactory fulfilment of the required training experience and the 
acquisition of the competencies enumerated in this document and others thought 
necessary by the employing authority. This portfolio should form part of the 
GPwSI annual appraisal.

and

Evidence of delivering and maintaining mental health services of quality within 
his/her general practice.

<table>
<thead>
<tr>
<th>Examples of different evidence of competencies for the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration of skills under direct observation by a senior clinician.</td>
</tr>
<tr>
<td>Demonstration of knowledge by personal study supported by appraisal.</td>
</tr>
</tbody>
</table>
| Evidence of gained knowledge via attendance at relevant courses or 
  conferences. |
| Demonstration of ability to work in teams by evidence of taking part in 
  multidisciplinary teamwork to plan and deliver service provision and 
  individual patient care. |
| Delivering multi- and uniprofessional training. |
| Baseline experience could also include relevant experience as a clinical 
  assistant of relevant clinical attachment. |

The career trajectories of GPwSIs in Mental Health will be varied. Some have 
specialist training, such as an attachment in psychiatry; others will have 
attended training programmes such as the RCGP Master Classes in Mental 
Health whilst others still will have acquired skills and knowledge informally 
over many years. These different routes into the GPwSI arena should be able 
to be accommodated. In all cases the GPwSI must show evidence that they are 
competent to provide the service required, this evidence ideally presented 
within a personal development portfolio.

Though it is not expected that the GPwSI has a formal postgraduate 
qualification in mental health, it is recommended that the GPwSI works 
towards or is engaged in formal training.

e. Evidence of maintenance of competencies

The GPwSI would be expected to maintain his or her competencies through 
continued professional development (CPD) and education. It is recommended 
that the GPwSI undertakes a minimum of 15 hours continuing professional 
development (CPD) and undergoes annual appraisal in the special interest and 
generalist areas. At least part of the CPD should include attendance at 
multiprofessional training.
Membership of a relevant national primary care organisation or network would add to this portfolio. (e.g. www.primhe.org)

In order to maintain skills, the RCGP recommends that a GPwSI work at least one session per week (ideally more) in the special interest area and one session per week as a generalist practitioner (ideally more).

f. 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.

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

The type of patients will depend on the core activities of the service. In most cases the service will be for adults with long-term mental health problems or patients where a second opinion or treatment plan is needed. GPwSIs should acknowledge the specific needs of patients in transition between older peoples’ mental health services or child and adolescent mental health services.

The caseload will be largely determined by the number of sessions that the GPwSI is offering, location and support available to the GPwSI. The caseload should be such that the GPwSI is able to exercise his or her generic skills and deal with the physical, psychological and social aspects of disease.

Reason for Referral: Assessment, treatment planning, psychological treatment, review.
Mental health

Caseload: locally determined, though sufficient for the GPwSI to practice safely and competently and be able to provide a holistic-patient-centred approach to care.

Severity: It would be expected that for emergency mental health problems the acute mental health services would be used.

h. The recommended facilities for delivering a GPwSI in mental health service

The facilities required will depend on the service being offered, the needs of the PCO and local factors. The following are indicative of facilities that most PCOs should be able to offer:

- Direct access to specialist support, either through regular team meetings, ‘open-door’ sessions or other means.
- Arrangements for access to specialist care.
- Direct access to specialist nursing, psychology and other members of a mental health team.
- Access to facilities to see patients (consulting room, support staff, IT).
- Access to educational and relevant material, including provision of courses, conferences, Grand Rounds, Audit meetings etc.

For those GPwSIs engaged in specific therapies access to supervision for psychotherapeutic interventions will be essential in accordance with the best practice expected of practitioners commissioned to deliver such therapies for the PCO.

i. Local guidelines on the use of the service

These will be determined locally and be dependent on the activities of the service. However, it is suggested that attention needs to be given to:

- Referral criteria.
- Communication.
- Confidentiality.
- Direct access to specialist support and advise.

j. 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. The Clinical Governance arrangements will follow those normally used for the PCO and should include systems or mechanisms for
Mental health

defining clinical audit and communication standards, significant event monitoring and complaint handing. The GPwSI service would have good mechanisms for joint working and communication, including regular meetings with other service providers.

k. Induction and support arrangements for the GPwSI

The induction process may include the following elements:

a) Risk management.
b) Networking with other professionals.
c) Organising supervision and appraisal mechanisms.
d) Involvement in national clinical networks.
e) Clinical Governance arrangements.
f) Audit and reporting mechanisms.

l. Monitoring and clinical audit arrangements

This should be determined locally, but it is recommended that the monitoring process should include an assessment of the services ability to meet unmet or unrecognised need.