Guidelines for the appointment of

General Practitioners with Special Interests in the Delivery of Clinical Services

Palliative Care

April 2003
Palliative care

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 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 palliative care

Palliative care is the active care of patients whose disease is not responsive to curative treatment. Through effective symptom control and communication it encompasses the control of pain and other symptoms, as well as the psychological, social and spiritual aspects of the patient. The goal of palliative care is to provide the best possible quality of life to patients and their carers. Palliative care also includes terminal care.

The aims of any palliative care service will be to provide quality care for patients requiring palliative care and to bring the best in hospice care out into the community. It is crucial to affirm the ‘speciality of the generalist’ in community care.

The publication from the NHS Modernisation Agency, Gold Standards Framework Project in Community Palliative Care www.modern.nhs.uk/cancer may be helpful. GPwSIs should also refer to the Supportive and Palliative care for Cancer guidance in development by NICE (drafts available at www.nice.org.uk/cat.asp?c=20102

a. The core activities of the GPwSI service in palliative care

Quintessential to GPwSI in palliative care is the care of patients within a multidisciplinary, multiprofessional framework.

A GPwSI in palliative care is likely to work in one or more of these areas.

- Hospice or palliative care inpatient unit.
- Community based Palliative Care Team.
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- General practice with strong links with the above.

The nature of the activities provided by the GPwSI will depend on the location and level of development of the existing service: the availability of beds: day hospice care, and the needs of the Primary Care Organisation (PCO).

The GP would be expected to provide some or all of the following:

**Clinical**

With other members of the specialist palliative care team provide medical support and advice to members of the primary care team within the PCO, including primary care nurses, general practitioners and allied health professionals (e.g. social workers, occupational therapists, pharmacists, psychologists).

This may include

- Home visits and telephone advice service.
- Medical assessment, diagnosis and management planning.
- Advice on symptom control for advanced malignant and non malignant disease.
- Ability to refer appropriately to other medical and non-medical agencies, including pain anaesthetist, counsellor/psychologist, complementary therapies.
- Provision of care to patients in a hospice or other out or inpatient setting.
- Provision of additional clinical activities, such as pleural drainage, paracentesis, drug or fluid infusion, blood transfusion etc.

**Education and Liaison**

With specialist palliative team members, develop and support the delivery of appropriate teaching for PCO clinicians.

**Facilitation**

GP facilitators in palliative care are innovative posts set up and funded by Macmillan Cancer Relief [www.macmillan.org.uk](http://www.macmillan.org.uk) since the 1990s. There is considerable overlap between this role and aspects of a GPwSI service.

**Leadership/Service Development**

Support the development of good palliative care services within primary care integrated as needed with the local specialist service. This may included the development of cancer practice registers, shared care of patients with terminal illness.

Take a lead role within the PCO clinical governance in palliative care.
b. The core competencies recommended for the GPwSI service

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

**Generalist**

Perhaps more so that other areas of medicine, palliative care involves taking a generalist perspective in a specialist context and hence a GPwSI in palliative care should be able to provide generalist skills to the highest level of expertise.

These are

- Good communication skills, including breaking bad news, dealing with conflict and denial, communication with families, dealing with the practicalities of death and bereavement.
- Clear understanding of palliative care and symptom control.
- Ability to diagnose common complications of advanced cancer and non malignant disease.

and

**Special interest area**

- Excellent multidisciplinary team working skills with a clear understanding of the roles of other members of the team.
- Good leadership skills.
- Able to establish a practice based palliative care register and use it for call, recall, audit and outcome.

If appropriate

- The ability to perform a number of practical procedures, such as chest drainage.

c. Evidence of training and experience for competencies

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

**Generalist skills**

Primary care organisations should 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.
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and

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

and

Specialist

A 6-month full-time or equivalent experience providing inpatient palliative care (e.g., NHS palliative care post, Clinical assistant in non NHS hospice)

or

Evidence of working under direct supervision with a specialist clinical provider or community based palliative care service. The number of sessions should be sufficient to meet the competencies of the service and will depend on the practitioner’s previous experience, level of expertise, requirements of the service and learning needs. For clinicians with little of no experience in providing palliative care services this will be in order of 40 – 50 sessions.

or

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

and

Attendance at relevant courses, conferences, self-directed learning to meet individual educational requirements matched against the competencies required for the post.

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 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 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 palliative care services of quality within his/her general practice.

<table>
<thead>
<tr>
<th>Examples of different evidence of competencies for the service</th>
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<tbody>
<tr>
<td>Demonstration of skills under direct observation by a senior clinician.</td>
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<tr>
<td>Demonstration of knowledge by personal study supported by appraisal.</td>
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<tr>
<td>Evidence of gained knowledge via attendance at relevant courses or conferences.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Delivering multi- and uniprofessional training.</td>
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<td>Baseline experience could also include relevant experience as a clinical assistant of relevant clinical attachment.</td>
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**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 CPD and undergoes annual appraisal in the special interest and generalist areas.

Membership by the GPwSI of a relevant national primary care organisation or network would add to this portfolio. (www.palliative-medicine.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, but 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**

Patients will be referred to the service via the palliative care service or other locally agreed mechanism and it would be expected that the GPwSI work as an integral part of this service.

The type of patients will depend on the nature of the service provided as well as the location and facilities available. It would be expected that the GPwSI would, in conjunction with others in the team accept referrals of adults in need of symptom control, usually in the context of terminal care.

The caseload will again depend on the needs of the service.

h. **Local guidelines on the use of the service**

To be determined locally but to include

- Referral process including inclusion and exclusion criteria.
- Communication pathways between referring clinician, GPwSI and the Specialist Palliative Care Service.

i. **The facilities that ideally are present to deliver a GPwSI service in palliative care**

These will depend on the service to be provided. However it would be expected that a GPwSI in palliative care would have access to:

- Mentoring and/or educational supervision.
- Direct access to a specialist clinician, in most cases a consultant in palliative care.
- Access to training and continuing professional development.
- Access to a professional network.
j. Clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCT level and in acute trusts

It is an essential criterion of the GPwSI services that there are mechanisms for joint working and communication, including regular meetings with other service providers and attendance at multidisciplinary team meetings.

Provision of good palliative care requires attention to many organisational procedural, multidisciplinary and clinical areas all of which need a high degree of coordination. Each local scheme will need to have a clinical governance team involving the clinicians from primary and secondary care and other interested parties. Clinical governance includes audit and significant event analysis (e.g. difficulties in communication, problems arising between primary and secondary care, inappropriate use of drugs, failure to act on emergencies).

Where the GPwSI is employed by the PCO, he/she will be accountable to the PCO Board. If employed by the secondary care service, then accountability is to the Trust Board of the secondary care organisation.

Day to day accountability will be to the Clinical Governance Lead or Medical Director for delivery of clinical objectives and to the Chief Executive or Board of Trustees (for Voluntary sector organisations) for contractual issues in whichever organisation the GPwSI is employed.

k. Induction and support arrangements for the GPwSI

The GPwSI should specify an appropriate system of mentoring and continuing professional development.

Induction

The induction process may include the following elements:
- Risk management.
- Networking with other professionals.
- Involvement in national clinical networks.
- Clinical Governance arrangements.
- Audit and reporting mechanisms.
- Role accountably and support arrangements.

Support

- Continuing training and support for the GPwSI will need to be maintained by close working and liaison between the GPwSI and the rest of the specialist palliative care team.
- The CPD and support requirements will be need to be negotiated and agreed as part of the annual appraisal process.
I. Monitoring and clinical audit arrangements

Determined at local level and in accordance with palliative care local policy and procedures.