Implementing care closer to home: Convenient quality care for patients

Part 3: The accreditation of GPs and Pharmacists with Special Interests
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Implementing care closer to home: Convenient quality care for patients

Part 3: The accreditation of GPs and Pharmacists with Special Interests
Implementing care closer to home: Convenient quality care for patients

This guide, Part 3: The accreditation of GPs and Pharmacists with Special Interests, should be read (where appropriate) in conjunction with:

Part 1: Introduction and overview

Part 2: Step-by-step guide to commissioning services using Practitioners with Special Interests (PwSIs)

Supporting Q&A

And with the relevant competency-based specialty-specific guidance currently being refreshed. These will be published on both the Department of Health and NHS Primary Care Contracting (PCC) websites.

With thanks to the following organisations:

[Logos of Royal College of General Practitioners, Royal Pharmaceutical Society of Great Britain, and NHS Primary Care Contracting]
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1. Purpose

The purpose of this document is to:

- provide a revised definition of a GP with a Special Interest (GPwSI) which now also incorporates a Pharmacist with a Special Interest (PhwSI);

- explain why accreditation is necessary;

- explain the different roles and responsibilities of commissioners, individual clinicians and accreditors; and

- provide a step-by-step guide to the processes that need to be followed to deliver effective accreditation of GPwSIs and PhwSIs.
2. Introduction

A rigorous and fair form of accreditation, which can be followed across the country, will help to ensure that individual clinicians have the combination of training and experience that will enable them safely to take on their new roles. The places in which they work should be resourced and governed to deliver high quality services, at least as good as those that were traditionally provided in the acute sector.

This document provides the process which it is expected that accreditation and commissioners will work to. In addition, the accreditation process will be supported by the standards outlined in the relevant guidance for specific specialties and services.

The requirement to comply with Standards for Better Health (2006) means that a more rigorous approach to accreditation and assessment is necessary and organisations are now measured on their ability to demonstrate that such an approach is being followed. The publication of A national framework for Pharmacists with Special Interests in September 2006 provided an opportunity to align accreditation processes with those for GPs with Special Interests.

This document focuses attention on two professional groups: GPs with Special Interests (GPwSIs) and Pharmacists with Special Interests (PhwSIs). They share a common approach to the role, namely that it is one in which they supplement their generalist skills and experience with additional expertise in a particular field, while retaining an ongoing commitment to their core generalist role.

Commissioners may wish to consider following a similar process for the accreditation of any other health professionals who work without the need for direct supervision and who are providing convenient quality care for patients in community settings.

National guidelines for the accreditation of Dentists with Special Interests (DwSIs) are also available at www.fgdp.org.uk/dawi/docs/dawi_step_guide.pdf.

In 2003, Implementing a scheme for Nurses with Special Interests in primary care demonstrated the way nurses were already working in new roles. New roles will be based on competencies and clinical expertise and set within clinical governance frameworks. Agenda for Change and the Knowledge and Skills Framework are also tools with which individual practitioners will be performance-managed through the professional development review process. Services provided by the independent sector are expected to meet the same standards. All nurses are expected to work within their scope of professional practice and be able to demonstrate relevant expertise when moving into new areas.
In 2003, *Implementing a scheme for Allied Health Professionals with Special Interests* was published in order to support commissioners developing services in the community as an alternative to hospital-based care. While the case studies used highlight how allied health professionals (AHPs) can lead care pathways in the community, there are other extended and specialist roles, such as the consultant AHP or advanced practitioner, which might also be appropriate. Commissioners will need to take a more competency-based approach in deciding which of these roles is required to meet the needs of the local population. As with all posts, AHPs should work within their scope of practice, maintain their competency for registration and operate within the local clinical governance framework.

Links to examples of model documentation that could be used for accreditation are shown in Annex 3A.
3. Definitions of a GPwSI and a PhwSI

While the role of a pharmacist in primary care is different from that of a GP, both share the same commitment to a holistic, generalist approach to the patients they serve. PhwSIs offer the same potential to achieve quicker and easier access for patients who need more specialist services and, in addition, can make better use, in more convenient locations, of the professional skills available in primary care. Thus, a GP or a Pharmacist with a Special Interest share a common approach and PCTs should have regard to the definition set out below:

A GP or a Pharmacist with a Special Interest 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 skills and competencies to deliver those services without direct supervision.

The Practitioners with Special Interests (PwSI) initiative is not about role substitution; it is about developing the NHS workforce and delivering care when and where necessary. PwSIs work within their skills, competencies and expertise to deliver the most appropriate services and care pathways to meet patients’ needs.

Membership of the Royal College of General Practitioners would be desirable and perhaps most easily demonstrates excellence in the core GP role.
4. The accreditation of services and individuals

The function of accreditation is to ensure ‘fitness for purpose’ through accreditation of both the services themselves, and individual GPwSIs or PhwSIs working within them. In addition, the accredited individuals or services should consider the ways in which they can improve quality and further raise standards.

The process of **accrediting an individual** should assure patients and commissioners that they operate within a coherent and quality-assured clinical pathway and that they maintain the highest possible standards of clinical governance.

The role of a GPwSI or PhwSI is not a generic one in the way that the role of a primary care GP or a hospital consultant is. GPwSIs and PhwSIs are appointed to deliver a particular clinical service within a defined integrated care pathway, and clarity about the nature of that service is an essential precondition for successful accreditation.

The ongoing competence of the individual practitioner will need to be regularly reassessed to ensure that the high standards they have demonstrated at initial accreditation are sustained, and to incorporate ongoing developments in their particular clinical field. As a minimum this should be every three years, and consideration may need to be given to the relationship between re-accreditation and, in the case of GPwSIs, the requirements of the 2007 White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946). Advice about meeting such ongoing professional development needs can usually be found in the relevant specialty-specific guidance.*

Independent GPwSI or PhwSI services are safe and effective only if they are delivered within a working environment that is properly resourced and properly clinically governed. **Accreditation of services** is thus just as important as accreditation of the individual and, in many circumstances, individual GPwSIs or PhwSIs may only be recruited to work in services that have already been accredited.

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* There is an ongoing programme of work to refresh the competency-based specialty-specific guidance. Where guidance exists, it should be used as the foundation upon which accreditation is granted. For any specialist services where clinical guidelines have not yet been developed, accreditors may need to take independent advice from appropriate national or local specialists to support their task.
The services within which PwSIs work should also be accredited. The Government’s *Standards for Better Health* (2006) ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665)) define the standards required of all providers of NHS and private healthcare in England, including reference to appropriate premises requirements, information technology (IT) etc. Commissioners and accreditors may also wish to refer to the specialty-specific guidance to identify any requirements relating to specific services they are developing.

For GPwSIs, the Healthcare Commission will take this into account in its inspections of primary care trusts (PCTs) for the core standards assessment. (The standards particularly relevant to the accreditation are C5b, C5d, C10a, C10b, C11a, C11b and C11c.)

In some circumstances, a balance may need to be found in meeting service accreditation standards. If the new service is located within an existing community service where compliance with *Standards for Better Health* has already been demonstrated, a comprehensive reassessment of that service may not be required. It is, however, recommended that an assessment be made of any new requirements, and those requirements be met before such time as GPwSI, or PhwSIs take on their new roles.

The key generic issues to be considered during the accreditation process are summarised in Figure 3.1.
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Figure 3.1: Generic service and individual accreditation issues

**Service accreditation**
- Articulate the referral criteria that will determine which patients are referred into the service
- Define the clinical interventions that will be delivered by the GPwSI or PhwSI working within the service
- Describe the supporting infrastructure – staff, premises and equipment – and demonstrate the ways in which it complies with *Standards for Better Health*
- Set out the priorities for clinical audits and the audit of the patient experience of the service, and demonstrate the way in which ongoing audits will be delivered
- Make appropriate indemnity arrangements

**Individual accreditation**
- Demonstrate appropriate levels of skill and competence to fulfil the role described
- Demonstrate a clear understanding of the key role the GPwSI or PhwSI is being asked to fulfil
- Demonstrate an understanding of the appropriate local clinical pathway – the context in which the GPwSI or PhwSI will be delivering care
- Demonstrate an understanding of, and participation in, the existing clinical network in relation to that clinical pathway
- Set out a commitment to ongoing training, updates and education through appropriate appraisal and their Personal Development Plan (PDP)
- Make appropriate indemnity arrangements
- Make appropriate peer review and mentoring arrangements, with appropriate personal references or reports from clinical assessors
- Demonstrate how the proposed role fits within their existing portfolio
- Provide evidence of appropriate professional registration and, for GPwSIs, their recognition on a PCT performers list
5. A step-by-step guide to the accreditation of GPs and Pharmacists with Special Interests

Figure 3.2: Summary of accreditation process

**Accreditors lead responsibility**

- Develop the service specification for the service within which the individual GPwSI or PhwSI will work, in line with national guidelines for commissioning of more specialised services in community settings

**Commissioners lead responsibility**

- Use this process when the activity that the GPwSI or PhwSI will undertake is outside their core role

**Step 1**
**Invite applications** from individuals who wish to be accredited

**Step 2**
**Verify the skills and competencies** of individual GPwSI or PhwSI **and reach a decision** about individual accreditation

**Step 3**
Optional **service visit** to validate the quality of the provision and the role of the individual GPwSI or PhwSI

**Step 4**
**Re-accreditation** of the individual GPwSI or PhwSI and the service in which they work **(at least every three years)**

**Regular checks**

1. Does the commissioner still wish to deliver the service in this way?
2. Is the individual’s accreditation still current?
3. Are the service specifications still being met?
5.1 The accreditors

Responsibility for making most of the key judgements described in this guidance rests with a small group of accreditors which should be a subset of the PCT. It is critically important that the group includes the appropriate level of skills and experience to enable it to discharge its responsibilities effectively. It is acknowledged that there are likely to be development needs both initially, to set up accreditation processes, and on an ongoing basis, and these must be supported by commissioners in order to deliver accreditation effectively.

Local communities will make their own decisions about exactly how to do this, but as a minimum the group should include:

- a senior commissioner;
- a senior professional representative from the Local Medical Committee (LMC), Professional Executive Committee (PEC) or Local Pharmacy Committee (LPC), PCT Lead Pharmacist or a GP from the local faculty of the Royal College of General Practitioners (RCGP);
- a lay person; and
- a senior clinician, ideally the local lead clinician from within the relevant specialty.

The presence of at least one lay person is important because they bring with them a distinct and very different perspective from NHS clinicians and managers. The lay person will be a senior and experienced individual; some health communities have used trust chairs or non-executive directors in this role.

Figure 3.3: Competencies of accreditors

<table>
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<th>Competencies of accreditors</th>
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<tr>
<td>An awareness of the requirements of the relevant speciality-specific guidance where they exist</td>
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<tr>
<td>Have credibility with a wide range of stakeholders, professional groups and the public at large</td>
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<tr>
<td>Develop effective processes to gather the right information</td>
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<td>Establish relationships with key stakeholders demonstrated through the membership of the panel</td>
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<td>Demonstrate an understanding of the principles of clinical governance</td>
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<tr>
<td>Demonstrate an understanding of relevant professional guidance and codes of conduct</td>
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<tr>
<td>Demonstrate an understanding of the core competencies of the individual professional applying for accreditation</td>
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<tr>
<td>Develop a process which enables others from the relevant clinical pathway to inform decision-making</td>
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<tr>
<td>Develop a process which is responsive to the needs of applicants, and which is:</td>
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<tr>
<td>1. Supportive and developmental, taking into account of the need to identify clearly how applicants can strengthen their submissions for accreditation</td>
</tr>
<tr>
<td>2. Summative, articulating clearly when and why particular applications are successful and others fall short of what is required</td>
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<tr>
<td>Develop a process for ongoing re-accreditation which will enable those who have already been accredited to continue to develop and improve the quality of the service they provided</td>
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<tr>
<td>A focus upon and experience in education, training and assessment of clinicians</td>
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5.2 Commissioners’ preliminary role: assess the service within which individual GPwSIs or PhwSIs will work.

Accreditation can happen only in the context of a clear understanding of the service specification.

Figure 3.4: Commissioners’ preliminary role

- Develop service specification by defining:
  - Patient inclusion criteria
  - Referral arrangements to and from all other services
  - How they communicate and integrate with relevant clinical networks
  - Physical, human, audit and financial resources required to deliver the service
  - Robust and integrated clinical governance arrangements
  - Support required from other health and social care professional and services
  - Evidence of the ways in which local people have been involved in developing and planning the service
  - A clear definition of the role that the individual GPwSI or PhwSI will play within the service
  - Arrangements to ensure that the GPwSI or PhwSI understands clearly the nature of all the services which support the patient pathway, clinical network, and referral system
  - Arrangements for the GPwSI’s or PhwSI’s ongoing continuing professional development
  - That appropriate indemnity cover is in place
  - Requirement that there is a properly authorised statement of compliance with Standards for Better Health

If accreditors decide further work is needed

If accreditors are satisfied

Step 1
5.3 Step 1: Invite applications

Applications (which may be in the form of a portfolio of evidence) should include:

- Evidence of current registration
- A portfolio of evidence to demonstrate appropriate education, motivation, training and development.
- How appraisal and personal development planning will be realigned to take account of their new role
- How core role will be protected as they take on the new role
- Audits of core role and outcomes for practice development
- Summary of the supervised clinical work that they have completed, and participation in appropriate local clinical networks, where this exists
- For GPwSIs inclusion on the generalist register of the GMC and on a PCT performers list
- Evidence that the applicant meets the requirements of any specialty specific guidance, where they exist

GPwSIs

A detailed reference from an appropriate specialist that confirms that the applicant is competent to take on the new role, including:

- A formal declaration of the relevance of the competencies acquired
- An assessment of the relevance of the applicant’s qualifications and wider education and training for the new role
- Detailed evidence of the number and nature of the training sessions that the applicant has undertaken, and the nature of the procedures and/or consultations that have been supervised
- The nature of the ongoing relationship which the referee will have with the GPwSI after they are accredited

PhwSIs

A range of evidence as described above in line with the generic PhwSI competence framework

A structured reference from an objective, relevant and independent clinician that confirms that the applicant is competent to take on the new role

Where they exist, guidance for individual clinical specialties provide more detailed information to guide accreditors towards the kind of evidence that they may expect to see and test during the accreditation process. Full details of the guidance currently available or in progress are available at www.primarycarecontracting.nhs.uk/173.php. For any specialist services where clinical guidance has not yet been developed, accreditors may need to take independent advice from appropriate national or local specialists to support their task.
5.4 Step 2: Verify the skills and competencies and reach a decision

Figure 3.6: Step 2

Completed application received

Initiate a process to verify individual skills and competencies that includes:
- Detailed consideration of evidence submitted
- Face to face discussion or interview
- Meeting with referee where appropriate

Successful

Any offer of employment or contract made to the successful applicant should include reference to the length of time for which the accreditation will last

Unsuccessful

Detailed feedback for unsuccessful applicants so that, where appropriate, the commissioner or others can work closely with the applicant to enable them to submit a successful application in the future

Outcomes fed back to commissioners

Step 3
5.5 Step 3: Service visit (optional)

**Figure 3.7: Step 3**

Within six months of starting, a subset of the accreditors group may wish to visit the service. This visit could be arranged in line with other contractual review processes.

Decide on who will carry out the visit, but inclusion of a lay person is strongly recommended.

Agree with GPwSI or PhwSI:
- The time, purpose and agenda for the visit
- Any evidence that the accreditors may want to see before they visit
- What and who they may expect to see during the visit
- What feedback they may provide on the day of or following the visit

Members of the team visiting the service:
- Assess whether the service that has been established meets the specification that the commissioner submitted at the outset
- Assess the way in which the GPwSI or PhwSI is working, through observation, access to audit data, and data which summarises patients’ experience of the new service
- Meet with the service team as a whole, to review their plans for the way in which the quality of the service will be strengthened and developed in future

Where the service does not meet the required standard or specification, accreditors may wish to make recommendations about how any shortcomings should be addressed and the timescale within which they should be delivered.

Accreditors agree with service provider:
- Timescale and frequency for any further reviews
- Ongoing data collection requirements

Feedback to commissioners

Step 4
5.6 Step 4: Re-accreditation

Individuals should not be accredited permanently; accreditation should always be defined in the SLA or contract in terms of an explicit period of time, at the end of which the individual (and the service in which they work) should be re-accredited. Local groups of accreditors will want to make their own judgements about the length of time accreditation should last, but it should not exceed three years.

Figure 3.8: Step 4

Accreditors invite GPwSI or PhwSI to apply for re-accreditation at least every three years

Accreditors must ensure the GPwSI or PhwSI prepares a self-assessment that includes:

- A statistical summary of the service provided
- Clinical audit data of the work of the individual GPwSI or PhwSI, and resultant actions of follow up.
- Data that had been collected to audit patients’ experience of the service
- A summary of the way in which local people have continued to be involved in the life of the service.
- A critical re-appraisal of the way in which the role of the individual GPwSI or PhwSI within the service had initially been described, with a view to identifying any ways in which the quality of the clinical service they provide could be further improved in future.
- A strategy for further improving the quality of the service through the next accreditation term, identifying explicitly the parameters within which the individual GPwSI or PhwSI would work.
- Any additional training or development requirements.

Accreditors must ensure the self-assessment is submitted at least a month before re-accreditation required. Accreditors may call for any further data as necessary.

If accreditors satisfied, GPwSI or PhwSI reaccredited for specified period but this must not exceed three years.

If accreditors are not satisfied, feedback to GPwSI or PhwSI must indicate actions to be taken and timescales.
6 List of accredited GPs and Pharmacists with Special Interests

To support the re-accreditation process, PCTs should set up and manage a locally held list of accredited GPwSIs and PhwSIs, to include length and dates of accreditation, details of specialty and ensure it is made available for public inspection.

7 Conclusions

In implementing this approach, commissioners should ensure that:

• All existing GPwSIs be re-accredited by March 2009 in accordance with this guidance.
• All new GPwSIs and PhwSIs be accredited in accordance with this guidance.
• If the GPwSI or PhwSI’s work is discontinued, or if for any other reason after the commencement of the service the individual is unable to use their enhanced skills for a period longer than twelve months, they must be re-accredited before they work again as a GPwSI or PhwSI.
Annex 3A
Supporting documentation

The following templates are examples of documentation that could be used to support the four different steps in accreditation. These may provide a useful starting point for local communities to develop their own documentation.
Please ensure pages 2–11 are completed electronically and emailed to:

Page 1 should be signed and dated, then returned with any supporting evidence to:

*Please note, if you make any material changes to the service that you have been accredited to, it is essential that you notify the accreditation panel immediately.
SECTION A

Speciality:

Name:

Date of birth:

Practice name & address:

Telephone number:

Mobile phone number:

Fax number:

Email address:

Professional registration number:
Attach a current copy of your professional registration (e.g., GMC, RPSGB).

For GPwSIs, please state which performers list you appear on:

Professional indemnity insurance number and expiry date:
Attach evidence of professional indemnity insurance acknowledging the role outlined in this application.

Signed…………………………………………………...       Date…………………………

The application must be signed by the clinician providing the service.

Data Protection
For the purposes of data protection, we are obliged to inform you that this information will be held on file and is required to be shared within the PCT i.e. commissioning, personnel). If you are happy that we are holding & sharing this information, please place a tick in the box.

At times this information may be shared with other organisations to promote good practice (i.e., name, speciality, practice). If you are happy for this information to be shared, please place a tick in the box.
SECTION B – Description of service

This section gives an opportunity for the applicant to provide a detailed description of how their role is to be defined within the proposed service.

It is worth remembering that not all accreditation panel members have a clinical background or come from your PCT area. Therefore they will not automatically understand either the geography or the location of where the intended service is to be delivered. Equally, they will not necessarily have an understanding of the clinical pathway from primary care through to secondary care or the procedures involved in delivering the service. The evidence you provide by way of clinical competencies will be considered against the service/procedures being described. The more information you can provide, the easier it will be for the panel to understand your proposal and make its decision.

The issues that should be covered include:

- an overview of your current core role and identification of the time/sessions devoted to it;
- an overview of how your new role will be incorporated into your current role as described above;
- a description of your specialist area and its supporting evidence base;
- a description of how the specialist service will be structured:
  - Will you work alone or as part of a team?
  - How will you ensure proper consent?
  - What patient information will you supply?
- a detailed description of the procedures you will use in your specialist area:
  - Will you be involved in triage; assessment criteria; referral; follow-up?
  - What techniques you will use? (injections; types of therapies; type of drugs; surgical techniques)
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Description of service:
SECTION C – Location of service

Guidance notes:
Please indicate the location of the service to be provided. All premises must be accredited prior to the commencement of the service. The comprehensiveness of the premises accreditation depends upon the risks associated with delivery of the proposed service. Service level agreements cannot be issued until this process is complete.

Level 1: Consultation only
Level 2: Consultation plus
Level 3: Minor surgery
Level 4: Endoscopy

Please contact:
Where will this service be delivered?
Have the premises been accredited?

Location of service:
SECTION D – Referral criteria

Guidance notes

Please clearly describe the referral criteria that will be applied to patients. The panel must be able to identify the following where applicable:

- criteria for fast-track referrals from primary care into secondary care;
- referral criteria from primary care into your service;
- exclusion criteria for your service; and
- your referral criteria for movement either back into primary care or onwards into secondary care.

Please supply your guidelines for referrals.

Referral criteria:
SECTION E – Integrated patient pathway

Guidance notes
The delivery of patient services is complex. It is important that the panel is assured that your service will not be operating in isolation but is appropriately linked into an integrated pathway or local network.

Please describe the integrated pathway, identifying access to the service and the role you and other team members play in it.

Integrated patient pathway:
SECTION F – Collaboration

Guidance notes

In this section you should describe the formal relationships that exist between you and others providing related services, indicating the frequency and content of meetings. These may include multidisciplinary meetings across primary and secondary care or local/cross-district peer support networks.

**Collaboration:** Please give details of your continuing collaboration with existing local stakeholders
SECTION G – Education, training and development

Guidance notes

Your portfolio of evidence should include:

1. We are aware that your core role as a general practitioner requires that mandatory training is accessed appropriately and recorded as part of your contractual agreement with the PCT. Please provide evidence of attendance/plans to attend mandatory training sessions, ie resuscitation, child protection, chaperone, consent, infection control, equality and diversity.

2. Please provide evidence of attendance at courses/conferences/workshops/online training relevant to the maintenance of your core role.

3. Please provide evidence of attendance at courses relevant to this application for a PwSI role.

4. Please provide evidence of appraisal and personal development planning aligned to your proposed role as a PwSI.

5. Please provide evidence of attendance at peer support networks relevant to your proposed role as a PwSI.

Education, training and development:
SECTION H – Clinical quality and governance: measurement for improvement

Guidance notes

Clinical quality and governance: measurement for improvement are essential components of your role as a PwSI. These activities help to ensure your patients' safety and enhance their experience while maintaining a focus on the clinical and cost-effectiveness of the service you are delivering.

There are many different types of activity you can take part in that will help you demonstrate the above. The accreditation panel expects that you would take part in at least one such project annually and therefore has an expectation that, over a three-year period, you will provide evidence of involvement in a minimum of three such projects. Appendix B sets out some ideas for your consideration.

Please set out your draft project proposals below. These should not consist solely of a list of items or performance data as these will be expected routinely as part of your service level agreement.

Clinical quality and governance: measurement for improvement

Proposal 1:

Title:

Aims/objectives/evidence base:

Method of data collection:
Proposal 2:

Title:

Aims/objectives/evidence base:

Method of data collection:

Proposal 3:

Title:

Aims/objectives/evidence base:

Method of data collection:
SECTION I – Clinical support

Guidance notes

It is imperative that you have ongoing clinical support for the service you provide. Please ensure the enclosed proforma (Appendix A) is completed by the supporting clinician.

Clinical support:

Is the completed clinical support document (appendix A) attached with this application? YES NO

If NO, please give reason:
SECTION J – Resuscitation update

Guidance notes
For GPwSIs, evidence must be attached of attending a resuscitation update within the last 12 months.

- You must provide a copy of your basic life support (BLS) resuscitation certificate.
- Where the assessment shows an increased risk of cardiac arrest either provide evidence of your advanced life support skills or evidence that this risk has been satisfactorily addressed.

Resuscitation:

1. Is the BLS resuscitation certificate attached with this application? YES NO

If NO, please give reason:

2. Does the service you intend to deliver put patients at increased risk of cardiac arrest? YES NO

If you have answered YES to question 2, please inform the panel of the additional steps you have taken to ensure that advanced life support skills are available on site during your sessions.
SECTION K – Immunisation

Have you checked that the relevant immunisations are up to date for your role within the PwSIs service?

YES  NO  UNSURE  (please delete as appropriate)

If you have answered NO or UNSURE, please contact occupational health.
APPENDIX A – Clinical support document

The purpose of this document is to enable you to present a structured reference from an objective, relevant and independent clinician, who is not a part of your practice, in support of the application.

It is vitally important that you have discussed in detail the contents of the application and it is preferable that the referee also has an ongoing role acting as your mentor or educational support and resource.

To be completed by the referee

1. Name of applicant:

2. Name of supporting consultant:

3. Please describe how your role is relevant to the application:

4. Please describe in what capacity the applicant is known to you:

5. What ongoing support are you offering this applicant?

6. a. Do you approve the applicant’s audit plan?

   b. Do you approve the applicant’s education plan?

7. What suggestions would you like to make to improve the service to patients in this area?

8. Do you believe this applicant to be competent to deliver the service as described without direct supervision?

Signed……………………………………………… Date……………………………………

Print name…………………………………………

Please return this form to:
APPENDIX B – Clinical quality and governance: measurement for improvement

The NHS Modernisation Agency’s ‘improvement leaders guide’ take you through various examples of quality improvement tools and are very helpful – they can be found at www.wise.nhs.uk.

In the short term, though, this is about improvement in terms of:

- impact on patient and carers;
- impact on staff;
- impact on outcomes;
- impact on service delivery; and
- impact on wider systems.

EXAMPLE 1 – Clinical Audit

Your proposals should consider a cross-section of structure, process, outcome and patient experience. To be a clinical audit it needs to be standards-based (see examples below). A strong clinical audit project will have been agreed with partners along your patients’ pathways. Your proposal should not simply be a list of data items or performance data that will be expected routinely as part of your service level agreement.

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Implementing care closer to home: Convenient quality care for patients
Audit examples: these are generic standard-based clinical audits, but they can easily be made service-specific.

Structure:
- All diagnostic equipment will be serviced in line with the manufacturer’s recommendations.

Process:
- There should be no inappropriate referrals into the service.
- All DNAs will be followed up.

Outcome:
- All adverse reactions will be case reviewed.

Patient experience:
- All medical records will contain written consent.
- There will be no complaints.

Data could be collected using any one of the following methods: case presentation/review; adverse events; occurrence screening; and criterion-based audit.

EXAMPLE 2 – Plan – Do – Study – Act
The Plan – Do – Study – Act (PDSA) cycle is shorthand for testing a change by planning it, trying it, observing the results and acting on what has been learned.

EXAMPLE 3 – Process mapping
A process can be defined as a series of connected steps or actions to achieve an outcome. This is useful when trying to understand a patient’s journey.

Other ideas include flow charts and run charts.

The clinical governance lead in your PCT will be able to advise you on PCT priorities for clinical governance purposes and will be able to discuss with you how to manage your proposals so that they can easily be achieved.
Guidance notes

Please ensure pages 2–11 are completed electronically and emailed to:

Page 1 should be signed and dated, then returned with any supporting evidence to:

Please note, if you make any material changes to the service that you have been accredited to, it is essential that you notify the accreditation panel immediately.
### SECTION A – Personal details

<table>
<thead>
<tr>
<th><strong>Speciality:</strong></th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
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<td><strong>Date of birth:</strong></td>
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<td><strong>Practice name &amp; address:</strong></td>
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<td><strong>Email address:</strong></td>
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<tr>
<td><strong>Professional registration number:</strong></td>
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<tr>
<td>Attach a current copy of your professional registration (eg GMC, RPSGB).</td>
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<tr>
<td><strong>For GPwSIs, please state which performers list you appear on:</strong></td>
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</tr>
<tr>
<td><strong>Professional indemnity insurance number and expiry date:</strong></td>
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<tr>
<td>Attach evidence of professional indemnity insurance acknowledging the role outlined in this application.</td>
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Signed................................................. Date...................................

The application must be signed by the clinician providing the service.

---

**Data Protection**

For the purposes of data protection, we are obliged to inform you that this information will be held on file and is required to be shared within the PCT i.e. commissioning, personnel). If you are happy that we are holding & sharing this information, please place a tick in the box [ ]

At times this information may be shared with other organisations to promote good practice (ie name, speciality, practice). If you are happy for this information to be shared, please place a tick in the box [ ]
SECTION B – Description of service
This section gives an opportunity for the applicant to provide a detailed description of how their role is to be defined within the proposed service.

It is worth remembering that not all accreditation panel members have a clinical background or come from your PCT area. Therefore they will not automatically understand either the geography or the location of where the intended service is to be delivered. Equally, they will not necessarily have an understanding of the clinical pathway from primary care through to secondary care or the procedures involved in delivering the service. The evidence you provide by way of clinical competencies will be considered against the service/procedures being described. The more information you can provide, the easier it will be for the panel to understand your proposal and make its decision.

The issues that should be covered include:

• an overview of your current core role and identification of the time/sessions devoted to it;
• an overview of how your new role will be incorporated into your current role as described above;
• a description of your specialist area and its supporting evidence base;
• a description of how the specialist service will be structured:
  – Will you work alone or as part of a team?
  – How will you ensure proper consent?
  – What patient information will you supply?
• a detailed description of the procedures you will use in your specialist area:
  – Will you be involved in triage; assessment criteria; referral; follow-up?
  – What techniques you will use? (injections; types of therapies; type of drugs; surgical techniques)
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<th>Morning</th>
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Description of service:
SECTION C – Location of service

Guidance notes

Please indicate the location of the service to be provided. All premises must be accredited prior to the commencement of the service. The comprehensiveness of the premises accreditation depends upon the risks associated with delivery of the proposed service. Service level agreements cannot be issued until this process is complete.

Level 1: Consultation only
Level 2: Consultation plus
Level 3: Minor surgery
Level 4: Endoscopy

Please contact:
Where will this service be delivered?
Have the premises been accredited?

Location of service:
SECTION D – Referral criteria

Guidance notes
Please clearly describe the referral criteria that will be applied to patients. The panel must be able to identify the following where applicable:

• criteria for fast-track referrals from primary care into secondary care;
• referral criteria from primary care into your service;
• exclusion criteria for your service; and
• your referral criteria for movement either back into primary care or onwards into secondary care.

If you have referral guidelines available please supply them.

Referral criteria:
SECTION E – Integrated patient pathway

Guidance notes

The delivery of patient services is complex. It is important that the panel is assured that your service will not be operating in isolation but is appropriately linked into an integrated pathway or local network.

Please describe the integrated pathway, identifying access to the service and the role you and other team members play in it.

Integrated patient pathway:
SECTION F – Collaboration

Guidance notes

In this section you should describe the formal relationships that exist between you and others providing related services, indicating the frequency and content of meetings. These may include multidisciplinary meetings across primary and secondary care or local/cross-district peer support networks.

**Collaboration:** Please give details of your continuing collaboration with existing local stakeholders
SECTION G – Education, training and development

Guidance notes

Your portfolio of evidence should include:

1. We are aware that your core role as a general practitioner requires that mandatory training is accessed appropriately and recorded as part of your contractual agreement with the PCT. Please provide evidence of attendance/plans to attend mandatory training sessions, ie resuscitation, child protection, chaperone, consent, infection control, equality and diversity.

2. Please provide evidence of attendance at courses/conferences/workshops/online training relevant to the maintenance of your core role.

3. Please provide evidence of attendance at courses relevant to this application for a PwSI role.

4. Please provide evidence of appraisal and personal development planning aligned to your proposed role as a PwSI.

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Education, training and development:
SECTION H – Clinical quality and governance: measurement for improvement

Guidance notes

Clinical quality and governance: measurement for improvement are essential components of your role as a PwSI. These activities help to ensure your patients’ safety and enhance their experience while maintaining a focus on the clinical and cost-effectiveness of the service you are delivering.

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Please set out your draft project proposals below. These should not consist solely of a list of items or performance data as these will be expected routinely as part of your service level agreement.

Clinical quality and governance: measurement for improvement

Are your project results attached at Appendix BC?  

YES  NO

If NO, please state the reason:
**SECTION I – Clinical support**

**Guidance notes**

It is imperative that you have ongoing clinical support for the service you provide. Please ensure the enclosed proforma (Appendix A) is completed by the supporting clinician.

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SECTION J – Resuscitation update

Guidance notes

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- You must provide a copy of your basic life support (BLS) resuscitation certificate.
- Where the assessment shows an increased risk of cardiac arrest either provide evidence of your advanced life support skills or evidence that this risk has been satisfactorily addressed.

Resuscitation:

1. Is the BLS resuscitation certificate attached with this application?  
   YES  NO
   If NO, please give reason:

2. Does the service you intend to deliver put patients at increased risk of cardiac arrest?  
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   If you have answered YES to question 2, please inform the panel of the additional steps you have taken to ensure that advanced life support skills are available on site during your sessions.
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Have you checked that the relevant immunisations are up to date for your role within the PwSIs service?

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Print name…………………………………………

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EXAMPLE 1 – Clinical Audit

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### Clinical quality and governance: measurement for improvement

#### Proposal 1:

**Title:**

Rationale/evidence base for the project:

**Aims/objectives:**

Method of data collection:

**Sample size/selection:**

Audit criteria/standards where applicable:

**Results:**

**Recommendations:**

Action taken/action planned:

Date of re-audit where applicable:
Proposal 2:

Title:

Rationale/evidence base for the project:

Aims/objectives:

Method of data collection:

Sample size/selection:

Audit criteria/standards where applicable:

Results:

Recommendations:

Action taken/action planned:

Date of re-audit where applicable:
Proposal 3:

Title:

Rationale/evidence base for the project:

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Audit criteria/standards where applicable:

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