



Guidelines for the appointment of

General Practitioners with Special Interests  
in the Delivery of Clinical Services

*Dermatology*

April 2003

### **General practitioner with a special interest in dermatology.**

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](http://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.natpact.nhs.uk/special\\_interests](http://www.natpact.nhs.uk/special_interests)).

### **Rationale for a GPwSI in dermatology**

Demand for dermatology services has risen steadily over the last decade and continues to rise. This, combined with the varying levels of service provision across the country has led to long waiting times for patients needing a specialist opinion. It is accepted that there are not sufficient numbers of consultants to meet current and future demand and that they should only do that which only consultants can do. There is an increasing role for other health professionals to form part of the team and increase capacity options, including GPwSI. However, such developments should only occur as one of a series of integrated options within a negotiated local framework. All service providers and patients with dermatological disease should be involved at all stages of service development.

The Primary Care Dermatology Society (PCDS) has over 550 members who are GPs with a particular interest in providing care for skin diseases in primary care. Many of them are also working as a GPwSI in the community. In addition, there are doctors working as Clinical Assistants and Hospital Practitioners who may or may not have GP jobs as well. There is not yet a nationally recognised contract setting out terms and conditions of service for all these doctors working in non-consultant grades so some have less security than others. The time has come for this expertise to be fully recognised, harnessed and formalised with the setting of national standards, which continue to offer high quality care to patients whilst providing opportunities for continuing professional development and succession planning.

#### **a. The core activities of a GPwSI service in dermatology**

The core activities of a general GPwSI service will vary, dependent upon local needs and resources. However they are likely to focus on

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- The management of new and follow-up patients with chronic diseases including acne, eczema, psoriasis, alopecia, urticaria and leg ulcers.
- The diagnosis and management of solitary skin lesions, including skin surgery.

Within these clinical areas the GPwSI service would include aspects of the following.

### **Clinical**

- Assessment, investigation and treatment planning of patients referred to the service.
- Provision of a range of clinical interventions, including skin surgery, liquid nitrogen cryotherapy, management of leg ulcers and the use of oral and topical treatments as indicated.

### **Education and Liaison**

- Provision of advice and support to local practitioners through non face-to-face contact (e.g. telephone, internet or other means) in the management of those dermatological conditions within the expertise of the GPwSI.
- Provision of support and training to GPs and members of the primary health care team in the management of common skin conditions to enable other clinicians to develop, maintain and improve their level of competency in the management of skin conditions.

### **Service development/Leadership**

- With members of the network of care, define referral criteria to the GPwSI service as part of an integrated dermatology service.
- Development of care pathways, linked to the secondary care service in relation to access to patch testing, dermatology treatment, specialist dermatology nursing services and rapid assessment of patients where there is diagnostic or management uncertainty.
- Those undertaking specialised surgical work involving patients with skin cancer will develop appropriate links as required to the local cancer service plan, usually the multidisciplinary skin cancer team. Thereby ensuring that patients are treated within the DH cancer diagnosis and treatment frameworks.
- In collaboration with other members of the local health community to develop and implement management guidance for primary care practitioners in the care of common dermatological conditions.
- Develop links with other professional groups, for example pharmacists and primary care nurses, for the effective shared care for patients with chronic skin conditions.
- The location of the service will also vary on the needs of the primary care organisation (PCO).

**Examples of GPwSI services in dermatology**

Community based service with strong links to the local dermatology department aimed at supporting GPs and patients. Patients will usually be referred directly to the GPwSI service using defined referral guidelines or could be routed following consultant triage.

Community based clinics for patients with chronic skin problems, such as psoriasis, eczema or leg ulcers. (Action On pilot work suggests that this may be performed best by dermatology nurses in a liaison role).

Provision of specialist skin surgery.

For further details see Action on Dermatology programme  
[www.modern.nhs.uk/action-on](http://www.modern.nhs.uk/action-on)

**b. The core competencies recommended for the GPwSI service**

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

*Generalist*

The competencies to deliver a GPwSI service should be seen as a development of generalist skills as outlined by the Royal College of General Practitioners and the British Association of Dermatologists in *Dermatology for general practice trainees*, RCGP 1998 ISBN: 085084 248 4.

**and**

- Good communication skills.
- Competence in teaching and training health care professionals and a commitment to cascading knowledge and skills.

*Special interest area*

Be able to diagnose, assess and take care of patients with common skin diseases to a high standard and care whilst recognising limitations of knowledge and competence and be expected to show knowledge and skills in the following areas:

- The availability and sustainability of hospital based secondary care treatments.
- Skin surgery techniques, which might include skin biopsy, curettage and cautery, excision and closure.
- Cryosurgery.
- Management of leg ulcers (if offering leg ulcer services) in a multi-disciplinary setting.

A GPwSI in Dermatology will, naturally, be expected to have knowledge and skills reflecting a higher level than non-specialist colleagues.

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**and**

If appropriate able to carry out skin surgery beyond that expected from practice based minor operations. This should include the ability to produce good cosmetic results whatever the site of the lesion and understand the necessary histopathological techniques required for diagnosis. The exact nature of the skin surgery will depend on local need and on the expertise of the clinician.

### **c. Evidence of training and experience**

#### *Generalist skills*

PCOs will need to ensure that the general practitioner 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 at training health care professionals.

**and**

#### *Specialist*

Experience working under direct supervision with a Consultant Dermatologist in secondary care. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the requirements and skills needed for the service. For those with no or limited previous experience in dermatology it is expected that this would be at least 1-2 years appropriate experience in dermatology outpatients. Information about the clinical experience obtained to be collected in a portfolio (see below).

**or**

For those clinicians with dermatology experience wishing to take up a GPwSI post, a professional portfolio showing evidence of equivalent recent experience of that gained by the above number of supervised training sessions.

**and**

Evidence of attendance at relevant courses, self-directed learning or other means to meet educational requirements identified through their personal development plan and through annual appraisal.

<b>Examples of different evidence of competencies for the service.</b>
<ul style="list-style-type: none"><li>• Demonstration of skills under direct observation by a Consultant Dermatologist.</li><li>• Demonstration of knowledge by personal study supported by assessment (the various Diplomas in Dermatology are ideal in this context).</li><li>• Evidence of gained knowledge via attendance at relevant courses or conferences.</li><li>• 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.</li><li>• Delivering multi- and uniprofessional training.</li><li>• Base line experience working as a Clinical Assistant/Hospital Practitioner.</li></ul>

### **d. Evidence of acquisition**

The RCGP recommends that the GPwSI maintain a personal development portfolio to identify their education needs matched against the competencies for the service and evidence of how these have been met and maintained. This portfolio will act as a training record and log book and will be countersigned as appropriate by an educational supervisor, preferably the local Consultant Dermatologist, to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document and by the employing authority. This portfolio should also include evidence of audit and continuing professional development and would be expected to form part of the GPwSI annual appraisal.

### **e. Evidence of maintenance of competencies for the service**

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

Membership of a primary care dermatology organisation or network would add to this portfolio: for more information, see the British Association of Dermatologists. [www.bad.org.uk](http://www.bad.org.uk)

### **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. The criteria detailed in this framework 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 competence to the expected standard defined by these criteria for accreditation.

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The mechanism for this process can be determined locally but will usually 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 is a consultant in 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**

Details will be determined at local level following negotiations between key stakeholders within the local community. It is important that the workload is such that the GPwSI is able to exercise their generalist as well as special interest skills. The numbers seen should be sufficient to maintain and develop expertise to justify the need for the services and should be broadly in line with those seen in a comparable hospital based clinic. Patients referred to the service are likely to have chronic as opposed to acute or emergency skin disease. The GPwSI must nevertheless have in place care pathways to manage a patient with such a problem.

In order to maintain skill, the RCGP recommend 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). In addition it is expected that the GPwSI will attend a minimum of a monthly session in the local secondary care dermatology department.

### **h. Local guidelines for the use of the service**

Local guidelines for the service should reflect and incorporate nationally agreed guidelines and as such the GPwSI will demonstrate awareness of national relevant advice issued by organisations such as the British Association of Dermatology; National Institute of Clinical Excellence; Department of Health and the Modernisation Agency. This will include the *Action On Dermatology Good Practice Guide* and the Baseline Standards for all dermatology departments.

These guidelines should include information for referring clinicians about:

- Types of patients to be referred to service, including inclusion and exclusion criteria.
- Referral pathways.
- Response time.
- Communication pathways.

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### **i. The facilities that ideally should be present to deliver the service**

Though these will vary according to the service being provided, the basic facilities for GPwSIs managing a clinical caseload would include some of the following:

Direct Access to and support from local specialist dermatology services.

Access to suitably trained dermatology specialist nurse support is essential. Ideally this would either be in a liaison capacity between primary and secondary care, or with close links to a specialist dermatology nurse (e.g. as an outreach nursing provision). These models facilitate seamless care. However, development of specialist dermatology skills in a designated in-house community or practice nurse might also be considered.

Consultation room with good lighting with adequate facilities for diagnosis and treatment procedures and operative equipment that meets the requirements necessary to undertake skin surgery.

Access to liquid nitrogen if cryotherapy is to be performed, with attention to Health and Safety guidance in relation to its storage and use.

Administrative support and appropriate support staff to ensure the clinics run efficiently and decontamination issues are dealt with in an appropriate manner.

Adequate means of record keeping

Mentoring support and clinical network facilities

Where skin surgery sessions are performed, appropriate documentation of lesions, including photographic records and close links to the local dermatology and histopathology departments.

The GPwSI will keep their facilities up to date and ensure that their patients have access to any new innovations in dermatology treatment suited to the primary care setting.

Additional space may be required in secondary care settings to take account of training needs of GPwSIs.

### **j. 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. If employed by the secondary care service then accountability is to the Trust Board of the secondary care organisation.

The Clinical Governance arrangements will follow those normally used for the employing organisation and should include systems or mechanisms for defining

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clinical audit and communication standards, significant event monitoring and complaint handling.

The GPwSI service would have good mechanisms for joint working and communication, including regular meetings with other service providers (e.g. dermatologists, dermatology nurse specialists).

### **k. Induction and support arrangements for the GPwSI**

The GPwSI will 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

#### **Support and CPD**

Continuing training and support for the GPwSI will need to be maintained by the GP continuing to work alongside the local Consultant Dermatologist on a regular basis, at least monthly. The job plans of both GP and consultant should reflect this commitment.

The CPD and support requirements will be agreed as part of the annual appraisal process which will have input from both the PCO and the secondary care service, with objectives being set locally. A minimum of 15 hours per year dermatology CPD should be agreed.

### **l. Monitoring and clinical audit arrangements**

It is recommended that the GPwSI attends relevant clinical audit meetings and monitor service delivery which incorporates the following

- Clinical outcomes and quality of care.
- Follow-up rates.
- Referral rates of patients to specialists by the GPwSI and other general practitioners.
- Access times to the GPwSI service.
- Patient satisfaction questionnaire.

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Further information relating to Dermatology issues may be found at:

[www.bad.org.uk](http://www.bad.org.uk) – British Association of Dermatology.

[www.modern.nhs.uk/action-on](http://www.modern.nhs.uk/action-on) – NHS *Action On* Dermatology site