



Royal College of
General Practitioners

RCGP guide to GP Clinical Extended Roles

Royal College of General Practitioners 2021

The Royal College of General Practitioners was founded in 1952 with this objective:

‘To encourage, foster and maintain the highest possible standards in general practice and for that purpose to take or join with others in taking steps consistent with the charitable nature of that object which may assist towards the same.’

Among its responsibilities under its Royal Charter the College is entitled to:

‘Diffuse information on all matters affecting general practice and issue such publications as may assist the object of the College.’

© Royal College of General Practitioners 2021

Published by the Royal College of General Practitioners 2021

30 Euston Square, London NW1 2FB

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the Royal College of General Practitioners.

Version 2.1

Contents

<u>Purpose</u>	4
<u>Definition</u>	4
<u>Examples</u>	4
<u>The GPwER as a generalist</u>	4
<u>Demonstrating initial competence</u>	5
<u>Extended role competency frameworks</u>	5
<u>Extended role accreditation</u>	6
<u>Demonstrating continued competence</u>	6
<u>Governance arrangements</u>	7
<u>Glossary</u>	8

Purpose

This guidance has been developed to help GPs demonstrate competence in extended scopes of clinical practice. Requirements relating to the premises in which GPs with Extended Roles (GPwER) work are covered by regulation from the Care Quality Commission and other UK regulators.

Definition

The RCGP defines a GP with Extended Role (GPwER) as a GP with a UK licence to practise, who is maintaining a primary care medical role, but undertaking an activity that is beyond the scope of general practice and requires further training. Extended roles are typically undertaken within a contract or setting that distinguishes them from standard general practice and involve an activity offered for a fee outside the care provided to the registered practice population. GPwERs often receive referrals for assessment and treatment from outside their immediate practice and undertake work that attracts an additional or separate medical indemnity fee.

Examples

There are many GP clinical extended roles and often local variation in roles to meet specific population needs. Some examples include:

- Dermatology
- Mental Health
- Emergency Medicine
- Women's Health
- Cardiology
- Sports Medicine

The GPwER as a generalist

Roles in primary care have expanded over the last decade but consistently include undifferentiated primary care where the clinician is the first point of clinical contact for a patient. For a GP to describe themselves as a GPwER, their clinical activity in general practice should be maintained, and GPwER is not simply a 'mini-secondary care specialist' who has taken a different route to specialty practice. One key distinction is that a GPwER's management of the patient extends beyond the medical model, and as a GP they bring important additional skills in practising holistically and dealing with complexity and uncertainty to these roles.

Demonstrating initial competence

A GP should be able to demonstrate:

- evidence of a CCT or equivalent in general practice
- evidence of being currently registered and licensed and in good standing with the GMC
- evidence of continued practice in a primary care role on a performers list (or equivalent) and active engagement in an annual medical (whole scope of practice) appraisal.

The GP should keep an electronic record to demonstrate that the requirements of the extended role have been met. This will include the following:

- evidence of the acquisition of the core knowledge relevant to the extended role, including any relevant and appropriate academic qualifications
- documented experience, and supervised training, within the specialty area of the extended role; it will be important to include the name, scope of practice and qualifications of the clinical supervisor (see Glossary) within the extended role (who should usually be a specialist (see Glossary))
- evidence of the acquisition of the core skills relevant to the extended role, including appropriate supervised demonstration of competence (often indicated by sign-off within a logbook, or an equivalent direct observation of skills)
- evidence of positive feedback that affirms the individual's communication and team working skills, and ability to provide an appropriate standard of practice in the extended role
- a structured reference from the clinical supervisor that covers all intended clinical areas of competence within the extended role.

For a new GPwER, a training record and logbook for reflection can be countersigned as appropriate by a supervisor as new skills are gained. In some extended roles, particularly where there is a training requirement for supervised practice and Workplace-Based Assessments, a joint clinic with a specialist would be recommended for the GPwER in training.

Extended role competency frameworks

Evidence required for some roles will be detailed in an extended role framework, developed in collaboration between primary care and specialist providers (e.g. secondary care), which will describe for the relevant specialism:

- The roles and services to be provided by the GPwER
- The support and facilities the GPwER will require
- The core competences for the extended role

- Evidence required to demonstrate initial competence
- Details of accreditation (if available)
- Supporting information to be provided at the (whole scope of practice) annual medical appraisal to demonstrate continued competence in line with GMC requirements for every scope of work.

Extended role accreditation

For some extended roles, GPs will be able to demonstrate competence through an accreditation process.

The RCGP's position is that:

- Accreditation will only add value in a limited number of extended roles, where there are potential benefits in terms of patient safety and quality of care, and a desire by GPs for a route to demonstrate competence in these areas.
- If an accreditation process is provided, it should be delivered as a primary/secondary care collaboration, involving jointly agreed assessment standards and both GP and consultant input into assessment and quality assurance processes.
- Demonstration of continued competence through the annual medical appraisal and revalidation process replaces the former need for periodic re-accreditation.

Demonstrating continued competence

The evidence that a GPwER is keeping their requisite knowledge and skills up to date and maintaining their competencies should be reviewed through the GPwER's annual whole scope of practice appraisal. Through reflection on appropriate supporting information in the appraisal portfolio, supplemented by additional evidence of reflection in the appraisal discussion, four key questions should be answered:

- What do you do in this part of your scope of practice?**
What exactly does your GPwER role entail?
- How do you keep up to date for this part of your scope of practice?**
What continuing professional development (CPD) relevant to your GPwER role have you done and what have you learned as a result? How have you implemented this new learning in your role?

3. **What review have you done of this part of your scope of practice and what difference has it made?**

How do you know that your performance in your GPwER role is effective and safe? What have you done to improve the quality of your work and how successful have those changes been? Have there been any significant events and, if so, what has been learned and changed as a result?

4. **What feedback have you received on this part of your scope of practice and what difference has it made?**

What feedback have you personally solicited about your performance in your GPwER role? (This includes colleague and patient feedback as required by the GMC.) What unsolicited feedback, in the form of complaints and compliments, have you received in your GPwER role? What other feedback about your work in your GPwER role have you received and reflected on? For all forms of feedback, what have you learned and changed as a result?

The GMC's requirements for supporting information for appraisal and revalidation must be met for the GPwER scope of practice. This means that the annual appraisal portfolio should include the supporting information included below:

- CPD
- quality improvement activity (QIA)
- significant events
- patient feedback
- colleague feedback
- complaints and compliments.

Any clinical governance information collected by the organisation / employer should be provided to the doctor to reflect on. Where possible, an annual performance development review should be facilitated by a specialist working in the relevant extended role area, preferably your clinical guide (see Glossary). This information and review should be reflected on in the annual medical appraisal.

Governance arrangements

The responsible officer will need to be assured that the governance arrangements are robust enough to provide timely information related to any concerns about the GPwER at any point in the revalidation cycle and assured that there are no outstanding concerns in the period preceding the revalidation recommendation.

It is best practice for the GPwER to include a clear description of the governance arrangements for the service being provided in their appraisal portfolio and a reflective note on how they would respond to patient safety issues or concerns. The

individual GPwER has a responsibility to ensure that they are working within appropriate clinical governance arrangements. They should reflect on the clinical governance arrangements in place to ensure that patients are not put at risk by the environment within which they work and that they meet all appropriate regulatory standards.

If an extended role forms a very limited part of a GP's scope of practice, they have the option of using the Academy of Medical Royal Colleges '[factors for consideration](#)' template to help demonstrate to themselves, their appraiser and their responsible officer that they remain safe, competent and up-to-date in this field of work.

It is essential for patient safety that GPwERs are not put in a position where they are being asked to work outside their competence level or with inadequate support or facilities.

Glossary

Clinical supervisor	Pre-accreditation supervising peer, may be a specialist in the relevant extended role or another health professional supervising within their sphere of competence in relation to what is being assessed.
Clinical guide	Post-accreditation peer, usually the specialist who undertakes the annual performance development review used as additional evidence for the whole scope of practice appraisal.
GPwER	General Practitioner with an Extended Role, formerly known as a GPwSI (General Practitioner with a Special Interest).
Specialist	A consultant, associate specialist or accredited GPwER working as part of an integrated model with secondary care colleagues within the relevant field of practice.

The Royal College of General Practitioners is a network of over 52,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.



Royal College of
General Practitioners

Royal College of General Practitioners
30 Euston Square, London, NW1 2FB
Telephone: 020 3188 7400
Email: info@rcgp.org.uk
Website: rcgp.org.uk

Royal College of General Practitioners is a registered charity in England and Wales (number 223106) and Scotland (number SC040430)