RCGP framework to support the governance of General Practitioners with Extended Roles

Royal College of General Practitioners 2018
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‘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.’

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Purpose

This framework describes a generic set of principles to underpin the governance of General Practitioners (GPs) with Extended Roles (GPwERs), formerly known as GPs with Special Interests (GPwSIs). This document is about individual GPs and not the premises in which they work, which are covered by regulation from the Care Quality Commission and other UK regulators. The document’s purpose is to:

- provide overarching principles for the development of specific frameworks, which describe the knowledge, skills and competencies required for a GP to work in a particular scope of extended practice (the ‘extended role’)
- inform operational guidance at national and sector-specific levels
- support commissioners and employers to shape appropriate governance processes
- describe how initial competence in an extended role should be demonstrated
- explain the process of RCGP accreditation for GPwERs, and how this is delivered to RCGP standards
- describe how continued competence in an extended role should be demonstrated once initial accreditation has been achieved.

The document is therefore relevant for:

- GPs who are currently undertaking an extended role and wish to demonstrate continued competence
- GPs with an interest in taking on an extended role
- patients and their representatives
- appraisers
- responsible officers
- medical organisations with a responsibility for setting professional standards
- service commissioners
- provider organisations (employers).

The framework is intended to support GPs in all four nations and sectors of the UK, including those working outside the NHS. It should be read in conjunction with:

- any relevant specialty-specific framework
- guidance from individual accrediting bodies, such as the RCGP
- any relevant national or sector-specific operational guidance.

Definition

The RCGP Council has agreed the following definition of extended practice:

- an activity that is beyond the scope of GP training and the MRCGP exam, and that a GP cannot carry out without undertaking further training, or
- an activity undertaken within a contract or setting that distinguishes it from standard general practice, or
• an activity offered for a fee outside the care provided to the registered practice population (e.g. teaching, training, research, occupational medical examinations, medico-legal reports and cosmetic procedures).

There are also additional factors that might extend the definition:

• a GP receiving referrals for assessment and treatment from outside their immediate practice, whatever the practice’s patient list size
• a GP undertaking work that currently attracts an additional or separate medical indemnity fee (e.g. as an emergency care ‘Basics’ or ambulance doctor).

The RCGP’s position is that a GPwER is first and foremost a GP with a UK licence to practise, having gained their Certificate of Completion of Training (CCT), or equivalent, and practising in a primary care role. 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 with an extended role to be accredited as a GPwER, it is the RCGP’s view that their primary role in general practice should be maintained. A GPwER is not seen as a ‘mini-secondary care specialist’ gaining accreditation for specialty practice through a different route. One key distinction is that a GPwER views the presenting complaint within the context of the biopsychosocial model, practised in general practice, rather than the medical model, which is more secondary care based. Such GPs bring important additional skills in practising holistically and dealing with complexity and uncertainty to these roles.

The role of the RCGP in supporting the governance of GPwERs

As the standard setter for general practice, and with its role in professional development, the RCGP is uniquely positioned to develop standards for extended roles, working in collaboration with relevant specialties. With a UK-wide remit, the RCGP can transcend national health systems and support consistency across the four countries of the UK.

Beginning with a trial in the area of dermatology, the RCGP will work in collaboration with specialty organisations to set standards and provide GPwER accreditation in a small number of priority areas. Although the RCGP will not accredit all extended roles, it will seek to help other reputable organisations by offering the principles laid out in this document and working collaboratively with all those who want to set appropriate standards.

Accreditation by the RCGP and other reputable bodies, including the demonstration of continued competence through the General Medical Council’s (GMC’s) whole scope of practice appraisal and revalidation process, will help to provide assurance to commissioners, employers and patients of a GP’s ability to provide high-quality care in their extended role, both initially and on an ongoing basis.
Why a new GPwER accreditation framework is required

Patient need

There are a number of patient pathways known to be facing significant capacity challenges and in relation to which patient access is compromised, e.g. dermatology, musculoskeletal health, mental health, paediatrics and sexual health.

Patient experience

Patients would prefer to receive treatment in community settings close to where they live, where the environment is more patient friendly and the burden of care borne by patients is less. Patient satisfaction and patient outcomes have been shown to be better in community settings1.

Patient safety

There is an increasing focus on demonstrating competence (both initial and continued) across the full scope of a GP’s practice in annual appraisals. Medical indemnity insurers are likely to need confirmation that a GP is, and will remain, competent to undertake an extended role and that such a role is being undertaken within an appropriate governance framework.

Effective and efficient resource utilisation

GPwERs can make more effective use of resources, particularly if they bring the skills and expertise of the generalist to a specialist area and if they have an explicit role in supporting colleagues in primary care. This frees up secondary care specialists, allowing them to deal with cases that are appropriate for their skills and expertise.

New ways of working

New care models, including those outlined in NHS England’s Five Year Forward View2, encourage a greater focus on community provision, pathway redesign, skills mix and integrated care.

The challenge of recruitment and retention in general practice

The opportunity for GPs to develop and utilise additional knowledge and skills and to be recognised as having extended roles offers an element of career development that is valued in general practice. The ability to continue to grow and develop throughout a career has been regarded as one of the benefits of becoming a GP, and both young GPs coming into primary care and their senior colleagues identify the ability to develop extended roles as a factor that supports recruitment and retention. Autonomy, variety and development opportunities all contribute to career fulfilment.

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Principles

The RCGP has developed this framework on the basis of the following twelve principles:

1. Additional accreditation should not be a requirement for any aspect of practice that is within the scope of GP training and MRCGP, or for GPs with a particular interest or area of expertise, unless the GP practises beyond the scope of ‘usual’ general practice or in an area that requires an additional specific skill-set that could affect patient safety.

2. Extended roles should help to address areas of significant patient need.

3. Accreditation is best practice, but not all specialities will need accreditation in their extended roles and the RCGP will develop a system for deciding which speciality frameworks should be accredited. Whether or not the GP is accredited in an extended role, to remain revalidated a GP must be able to demonstrate competence in all aspects of their work, keep their professional knowledge and skills up to date and regularly take part in activities that maintain and develop their performance.

4. GPwERs will bring the benefit of their holistic generalist approach to their extended roles.

5. The services provided by GPwERs must be safe, be of high quality, provide a good patient experience and make efficient and effective use of resources.

6. The GPwER role description should support the development and maintenance of relevant skills in GPs and other primary care health professionals referring to the service, but not deskill colleagues or lower their threshold for referral. The requirements for specialist input to the role description will vary depending on the nature of the role.

7. Systems of accreditation, appraisal and revalidation must not be burdensome, and should act synergistically with existing systems; they should allow the transferral of accreditation between health regions.

8. Systems of accreditation should be based on an agreed national competence framework that complies with generic and specialty-specific guidelines, as laid out in this document.

9. Evidence of ongoing and robust governance is essential to prevent potentially isolated practice, to support GPwERs, to protect patients and to mitigate against high indemnity costs. GPwERs should not work in isolation and need opportunities to benchmark their practice against their peers. They should have access to adequate support and supervision by, for example, being integrated with a local specialty service for peer support and attending relevant multidisciplinary meetings wherever possible and appropriate. Where there is a lack of such a local service, other options might be considered:

   - out-reach specialist supervision provided regularly by a specialist employed by the provider
   - remote/distant support provided by a specialist distant from the service through a formal contractual arrangement with the provider; remote supervision could be technologically enhanced with visual, as well as auditory, or written, input.

10. It is the responsibility of the GPwER to demonstrate continued competence by:

   - being actively involved with the local specialty service, or other specialty-specific support

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3 Historically, a specialist has been defined as a consultant in a secondary care specialty. However, the specialist could equally be an experienced GPwER who has completed accreditation and demonstrated continued competence in their extended role through appraisal and revalidation, an experienced associate specialist or speciality doctor in a non-consultant grade actively working as part of a consultant-led team.
gaining and maintaining competencies through continued professional education and reflecting on the lessons they have learned and any changes they might make as a result
• contributing to local data collection and analysis, innovation and quality improvement activities appropriate to their role, and demonstrating that their practice is of an appropriate standard and that they have acquired, and maintain, all the necessary knowledge, skills and attributes to perform safely in the role
• seeking and acting on feedback about their performance in the role.

11. The GPwER must inform their medical defence organisation of their extended role and maintain adequate cover for that role.

12. The GPwER must not take on responsibilities that go beyond those for which they have been accredited or for which they have adequate support and supervision.

Routes for accreditation

There are at least three groups of practitioners currently in the system whose professional experiences are different. The road they have taken, or will need to take, to gain accreditation in their extended roles varies as a result. They include:

• practitioners already in posts carrying out the duties of a GPwER, who have a variety of professional designations and currently have varying governance processes in place; they need to demonstrate their continued competence for a role they are already undertaking
• new practitioners, with either a Certificate of Completion of Specialty Training (CCST) in the specialty area or significant training in that specialty area, who have retrained in general practice, and wish to use their pre-existing specialty skills base along with their new generalist skills; they need to demonstrate their competence for the new extended role, but may not require any significant further training in specialty-specific knowledge and skills
• new practitioners, trained in general practice, who do not have any prior additional training in the specialty area, who need a period of training and knowledge and skills acquisition to meet the competencies of a specialty-specific extended role.

It is important that, in future, GPs from all the above groups can demonstrate how they meet and maintain the eligibility criteria and standards required to be accredited as a GPwER, and meet and maintain the requirements of the relevant specialty framework for their extended role.

Evidence for initial accreditation

To be eligible for GPwER accreditation, a GP should be required to provide the following GP-specific supporting information at the application stage, before submitting specific evidence demonstrating their competencies within the extended role:

• 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 evidence required for initial accreditation will be detailed in a nationally agreed specific extended role framework. The individual will be required to keep a portfolio of supporting information, preferably electronically, that demonstrates that the requirements of the specific extended role framework and guidance have been met. This will include the following:

- evidence of the acquisition of the core knowledge relevant to the extended role, including any academic qualifications that may have been gained within the specialty area
- 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 ⁴)
- 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 log book, 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 area of 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, this portfolio can initially act as a training record and log book for reflection, and 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.

The accreditation process will be subject to quality assurance processes (see Annex A). Having submitted a portfolio of supporting information for accreditation, an assessment will be made of the candidate’s portfolio by a generalist and a specialist assessor, both practising in the relevant field. If required, the assessors may ask for further information from the candidate. The assessors’ recommendation will then be validated by a panel, including a generalist, a specialist and a lay member.

**Structured input to whole scope of practice annual appraisal relating to the extended role**

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. This replaces the former process of re-accreditation for GPwSIs. 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:

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⁴ There are some circumstances when a GP working towards accreditation would have more than one clinical supervisor, for example where supervised training is required in a number of areas. In such circumstances, a structured reference would be sought from each clinical supervisor to confirm the attainment of competence in the relevant skill.

⁵ Historically, a specialist has been defined as a consultant in a secondary care specialty. However, the specialist could equally be an experienced GPwER who has completed accreditation and demonstrated continued competence in their extended role through appraisal and revalidation, an experienced associate specialist or speciality doctor in a non-consultant grade actively working as part of a consultant-led team.
1. What do you do in this part of your scope of practice?
   - What exactly does your GPwER role entail?

2. 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? In particular, 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 information described below.

- Appropriate supporting information should be provided demonstrating that the required competencies in the specialty-specific framework for the GPwER role have been maintained, or improved, including evidence related to:
  - CPD
  - quality improvement activity (QIA)
  - significant events
  - patient feedback
  - colleague feedback
  - complaints and compliments.
- Where possible, an annual performance development review should be provided by a specialist working in the relevant extended role area, preferably your clinical guide (see Glossary). Including the summary outputs and the Personal Development Plan (PDP) arising from them in the appraisal portfolio will reduce the burden of providing all the original supporting information again at the annual medical appraisal, so this should normally be included instead.
- 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 to include a clear description of the governance arrangements for the service being provided by a GPwER and a reflective note on how the individual would respond to patient safety issues or concerns.
Governance

Robust governance arrangements will guard against isolated practice, protect patients, support the GPwER and minimise indemnity costs. These arrangements must be explicit, documented and evidenced.

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. 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.

The RCGP should lead the standard setting for extended roles and accreditation processes to ensure consistency across extended roles, with the accreditation of a GPwER to be dependent on meeting a nationally agreed set of competencies, rather than a sign-off from an individual colleague.

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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). |
Annex A

GPwER accreditation process

Acquisition of competence
– supported by clinical supervisor

Assessors may ask for further information

Application assessed
– by a generalist and a specialist

Accreditation panel

Accreditation successful

Annual performance development review of specialist area with the clinical guide

Feedback to candidate

Accreditation unsuccessful

Whole scope of practice annual appraisal with GP appraiser

Revalidation

Feeds into

5 cycles
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.