

Musculoskeletal conditions

This GPwSI framework is one of a number of frameworks, which the Department of Health has commissioned the Royal College of General Practitioners (RCGP) to produce. The frameworks have been written by Clare Gerada of the RCGP, 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. This framework has been produced in close consultation with the British Orthopaedic Association and the British Society for Rheumatology.

The framework draws on good practice and experience nationally and is intended to be advisory for the development of local services.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners' *Implementing a scheme for General Practitioners with Special Interests* (April 2002, www.doh.gov.uk/pricare/gp-specialinterests), and the NHS Modernisation Agency's *Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003, www.natpact.nhs.uk/special_interests)

Rationale for GPwSI in musculoskeletal conditions

General Practitioners have developed special clinical interests within the orthopaedic/musculoskeletal fields. These interests have included working in areas such as sports medicine, rheumatology services as well as specific joint referral assessment clinics and back pain assessment and management services and menopausal and osteoporosis services.

Evidence shows that between 10% and 40% of new orthopaedic referrals don't need a surgical opinion, and of patients on a waiting list, between 5% and 15% do not want or need surgery.¹

This document aims to set out the framework for a GPwSI service in musculoskeletal conditions. Although it is written for a general practitioner service, many of the points discussed in this framework are transferable to other professional groups, in particular physiotherapists, and these conditions benefit from a multi-disciplinary, team working approach to bridge primary and secondary care.

a. The core activities of a GPwSI musculoskeletal service

¹ *Improving Orthopaedic Services: A Guide for Clinicians, Managers and Service Commissioners* (Action on Orthopaedics and the Orthopaedic Services Collaborative, January 2003) www.modern.nhs.uk/action-on/orthopaedics

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Although each model will have very different care pathways, the core competencies of the practitioners involved are generally shared.

As with any other GPwSI service, the development and delivery of practitioner led services in musculoskeletal conditions needs to take account of the needs of the local population, ideally following a review of local service provision.

The activities of a GPwSI service will depend on the service planned (e.g. hospital based-triage service, general practitioner based initial assessment, back clinic etc), which in turn depend on the needs of the PCT (see the *Step by Step Guide* at www.natpact.nhs.uk/special_interests and www.doh.gov.uk/pricare/gp-specialinterests)

Clinical

Provide a face-to-face clinical service to patients referred to the GPwSI service, for example:

- Assessment of function and disability of musculoskeletal problems, with advice and/or provision of services for further management, to the patient and referrer.

This may include:

- Request for specialist based investigations subject to national and local guidelines
- Pain management
- Minor surgery as defined by the service
- Referral on to secondary care service
- Taking part in waiting list management, secondary care post-operative follow-up, fracture clinic follow-up, operative pre-assessment.
- Application of specific scoring tools to select patients for hip /knee replacement.
- Facilitation of informed choice for ongoing treatment and/or care.

Education and liaison

- This usually involves dissemination of good practice through the Primary Care Organisation's (PCO) training and education, and liaison with local specialist providers.
- Support general practitioners with the development and implementation of referral guidelines for common primary care musculoskeletal problems.
- Support and educate general practitioners locally with regard to the use of the practitioner services and share good practice issues around assessment and treatments.

Leadership

- Contribute to the strategic direction of local musculoskeletal services.
- Participate in the monitoring of outcomes.

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- Support development of integrated services providing clinical leadership for primary care in order to champion change.

b. Competencies required to meet the activities of the service

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

Generalist

The competencies required to deliver a GPwSI service should be seen as a development of generalist skills including good communication skills, competence in teaching and training fellow health care professionals and a commitment to cascading knowledge and skills.

and

Good leadership skills.

and

Special interest in musculoskeletal conditions

Activity of GPwSI Musculoskeletal service	Competence
Assessment and treatment of musculoskeletal problems	History taking, examination, investigation and assessment of function and disability, and formation of management plan A good understanding of psychological factors relevant to musculoskeletal problems and ability to take a psychosocial history, e.g. for back pain. A good understanding of further investigation, such as X rays, MRIs and to use these in line with current good practice and local guidance. Able to assess and refer appropriately for exercise management.
Injection of joints	Use agreed referral guidance and protocols in line with current professional guidance and established good practice.
Minor surgery	Supervised training programme from previous local providers under commissioning protocols.
Pain control	Good knowledge of relevant interventions, their indication and contraindications.
Education and training	Good knowledge of PCO training opportunities; good teaching and training skills.
Recognising and managing clinically urgent conditions	Understanding “red flag” approach and able to recognise and understand the appropriate treatment pathways, including

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	inflammatory arthritis.
Team Work	Able to work with multiprofessional teams

c. Evidence of training and experience to reach the required competencies for a GPwSI musculoskeletal service.

Generalist skills

Primary care organisations will need to ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area. This can be assessed in a number of ways, but is readily demonstrated by GPs who have passed the Examination of the Royal College of General Practitioners (Membership of the Royal College of General Practitioners) and who are current members of the College.

and

Skilled at training health care professionals.

and

Special interest

Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the competencies of the service requirements, the skill being assessed and the level of expertise required.

or

Personal development portfolio showing evidence of advanced clinical skills and knowledge. This may be through the practitioner showing evidence of significant previous experience or post graduate training either by previous experience in rheumatology / orthopaedics, physiotherapy, podiatry, orthopaedics or allied professional services, or through a Post Graduate Qualification in a specialist area.

and

Evidence of attendance at relevant courses (e.g. Joint injection), or self-directed learning to meet educational requirements identified through the professional development plan and annual appraisal.

d. Evidence of successful acquisition of competencies

All GPwSIs should have a personal development portfolio to identify educational requirements matched against the competencies required for the service, and evidence of how their educational requirements have been met and maintained.

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This portfolio will serve as a training record and will be counter-signed as appropriate by an educational mentor or supervisor/s to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document, and others thought necessary by the employing authority. This portfolio should form part of the GPwSI annual appraisal.

Examples of different evidence of competencies for the service.
Demonstration of skills under direct observation by a senior clinician. Demonstration of knowledge by personal study supported by appraisal. Evidence of gained knowledge via attendance at accredited courses or conferences. Demonstration of ability to work in multidisciplinary teams, to plan and deliver service provision and individual patient care. Delivering multi- and uni-professional training. Base line experience working as a clinical assistant.

e. Evidence of maintenance of competencies

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

It would be good practice for CPD to include multiprofessional and disciplinary learning. Close links with specialist colleagues and others working in the field is essential for maintenance of competencies, as is the need for the GPwSI and others working in the service to take part in joint audits and educational meetings.

In order to maintain skills and expertise, it is recommended that the GPwSI spend at least one session per week (ideally more) working in the special interest area and at least one session per week (ideally more) in working as a generalist.

It is important that the GPwSI maintains some direct patient contact in the special interest area.

Membership of a relevant national primary care organisation or network would add to this portfolio.

f. Accreditation process

This involves determining the core competencies for the special interest area, evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following stakeholder consultation.

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Before appointing a GPwSI the PCT will need to ensure that the doctor has submitted evidence of his or her required competence to the expected standard defined by these criteria for accreditation.

The mechanism for this process can be determined locally, although ideally should be through an assessment of evidence of competence contained in the practitioner's ongoing personal development portfolio by local (e.g. Clinical Governance Lead, Medical Director, local specialist) and/or national (representative from Professional body or Special Interest Primary Care Organisation) assessors, where at least one assessor has in-depth specialist knowledge of the clinical area.

The PCO would be expected to provide a working environment as part of the GPwSI post that enables the doctor to practise the special interest area in a competent manner.

g. The types of patients suitable for the service including age range, symptoms, severity, minimum and maximum caseload, frequency and reason for referral

These criteria will need to be determined locally according to the service configuration. In general, the GPwSI service will be offered to adults, and dealing with problems relating to upper and lower limb and back pain would provide an appropriate starting point for developing the service.

h. Local guidelines for use of the service

These will be determined at local level and should include information for referring clinicians about

- Referral pathways.
- Communication pathways.
- Inclusion and exclusion criteria for patients referred or treated by the service.
- Referral pathways for urgent problems.

The Practitioner will demonstrate awareness of up to date national relevant advice issued by national organisations.

i. Facilities that are ideally present to delivery a GPwSI service in musculoskeletal conditions.

Irrespective of the physical location of the service (i.e. in the primary or secondary care setting) the GPwSI should have access to:

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- Appropriate equipment available to examine the patient.
- Depending on scope of service, appropriate imaging and other relevant investigative services, subject to local or national guidance and protocols. Use of imaging and other diagnostic facilities must be responsible, and sensitive to local circumstances, such as resources.
- Adequate support to ensure that all patients are offered choice when agreeing their appointment.
- Appropriate support staff to ensure the clinics run efficiently.
- Appropriate support to facilitate effective audit of quality.
- Access to educational facilities and an educational mentor.
- Access to patient's general practice or hospital records would be helpful.

The GPwSI should have appropriate access to formal and informal opinions from secondary care staff. Patients must not be disadvantaged because they have waited to see a GPwSI. The service should form part of a Booking and Choice service. Close collaboration between the GPwSI, and the local acute sector should include agreed procedures for accessing patient booking. For example, direct booking of inpatient and outpatient appointments in secondary care by the GPwSI should be agreed with the relevant secondary care teams.

j. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCT level and in acute trusts

The GPwSI is responsible for the service they provide.

The GPwSI may be accountable to either the PCT Board, or to the NHS Hospital Trust. A GPwSI service may be provided alongside a service provided by an acute trust, which is within the clinical governance of that department, and is sanctioned by the Medical Directors of that department and Trust.

If the PCT commissions a service independently of the Hospital Trust, then the clinical governance arrangements will follow those normally used for the PCT and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handling. It may be appropriate for a GPwSI to work within an integrated multi-professional team based within a hospital trust, under the clinical supervision of a consultant. In determining lines of clinical accountability, factors such as location, facilities, referral protocols, and local demand will all need to be taken into consideration. In developing the service, attention should be given to the organisational and clinical advantages of a GP co-located within a hospital with a musculoskeletal or orthopaedic team, working as a part of that team.

Regardless of the location of the service, the GPwSI and the local acute sector should have good mechanisms for joint working and communication, regular clinical audit and discussion.

k. Induction and support arrangements for the Practitioner

The induction process might include the following elements:

- Risk management.
- Networking with other professionals.
- Involvement in national clinical networks.
- Clinical Governance arrangements.
- Audit and reporting mechanisms.

The GPwSI should have the appropriate funds and time for continuing professional development, including attendance at multiprofessional team meetings, audit events, relevant courses and conferences.

l. Monitoring, evaluation and clinical audit arrangements

The Practitioner will attend regular audit meetings and systems should be in place to monitor service delivery, which may include:

- Follow-up rates.
- Onward referral rates to Consultants and Allied Health Professionals.
- Number of patients who go on to have surgery (conversion rates).
- Investigations.
- Access times.
- Non attendance rates.
- Patient satisfaction.
- Patients referred for surgery.

The existence of baseline data on the above factors, for the treatment of musculoskeletal conditions *prior* to the introduction of the GPwSI service, would provide essential comparanda for the robust assessment of clinical and organisational effectiveness.