GUIDANCE AND COMPETENCIES FOR GENERAL PRACTITIONERS WITH AN EXTENDED ROLE

Health for Health Professionals Practitioner
Updated August 2018
With thanks to following organisations:

RCGP
Royal College of General Practitioners

RC PSYCH
Royal College of Psychiatrists

ANHOPS
Association of National Health Occupational Physicians
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FOREWORD

"Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy and act with integrity."

General Medical Council
Good Medical Practice 2013

If a doctor is doctoring a doctor
does the doctor doing the doctoring
doctor the doctor being doctored
the way the doctor being doctored
wants to be doctored,
or
does the doctor doctoring the doctor
doctor the doctor being doctored the way the
doctoring doctor usually doctors?
Anon

This document has been written to provide a framework of knowledge and skills for those health professionals who would provide care and treatment services to meet the needs of health professionals who become unwell. This care would be undertaken by health professionals able to act without direct supervision in addition to their core role, and with additional training and experience.

Their patients would present with mental health, addiction or physical health problems affecting their work.

The aim of the framework is to develop the outline of educational requirements for practitioners wishing to train specifically for each element.

The document was first published in 2009 and has been updated through a series of meetings between:

• Royal College of General Practitioners (RCGP)
• Royal College of Psychiatrists (RCPsych)
• Association of NHS Occupational Health Physicians (ANHOPS)
• British Medical Association (BMA)
• General Medical Council (GMC)
This document was originally produced as part of the Health for Health Professionals (HHP) work and has subsequently been revised in 2018 by the Practitioner Health Service.

The Practitioner Health Service (PHS) combines: the NHS Practitioner Health Programme (PHP) ([www.php.nhs.uk](http://www.php.nhs.uk)), which was established in 2008 and is available for doctors and dentists living and working in London; the Trainee Doctor and Dentist Support Service (TDDSS), which was established in 2015 and offers psycho-educational support to trainees in London and the South East; and the General Practitioner Health Service (GPHS) ([www.gphealth.nhs.uk](http://www.gphealth.nhs.uk)), established in 2017 and available to any GP or GP trainee in England. The PHS provides confidential assessment and treatment services for health professionals who have mental health, addiction or physical health problems affecting their work.

*The White Paper Trust, Assurance and Safety: the regulation of health professionals in the 21st century*, published in February 2007, recognised that the increasing complexity of modern clinical practice had placed more pressure on health professionals and that more could be done to support those with health problems. From here, it has been acknowledged that a healthy workforce is integral to providing the patient outcomes outlined by the government and NHS. In *The Five-Year Forward View* (2015), the importance of a healthy workforce was recognised:

"NHS staff have some of the most critical but demanding jobs in the country. Creating healthy and supportive workplaces is no longer a nice thing to have, it’s a must do for employers. “ Simon Stevens, Chief Executive, NHS England (*The Five-Year Forward View* 2015).

April 2016 saw hospitals and other providers of NHS care receiving funding to improve support for the health of frontline caregivers.

The HHP framework helps both public and private local health services to have a set of arrangements in place for the prediction, prevention, identification and management (PPIM) of health problems in health practitioners.

This document is intended to be a resource for health professionals, commissioners and service providers to ensure that the clinical support is appropriate in terms of training and competence when care is delivered to practitioner-patients. This document in its original form was one in a series of frameworks that have been developed by the Royal College of General Practitioners in collaboration with associated Royal Colleges and stakeholders.

It is designed to help practitioners understand and develop the extended knowledge and skills they require to provide care beyond their core roles. Such care is expected to occur as one of a series of integrated options within a negotiated local or national framework.

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2 NHS Five Year Forward View, NHS England
The breadth of skills required to ensure the provision of safe, effective and quality services to practitioner-patients is likely to be acquired by other medical and non-medical practitioners (e.g. specialist addiction, occupational health, mental health nurses and social workers). The importance of other healthcare professionals in the delivery of services is well accepted and the models of care described in this framework take account of this. This does not preclude commissioners from developing specialist services using other practitioners such as nurses or social workers.

Commissioners need to be reminded that the training and personal development of Health for Health Professionals practitioners will require initial and ongoing support from specialists. Any commissioning framework needs to take account of these requirements.
Terminology

For the purposes of this document, the following terminology will be used:

**GPwER** – general practitioner with an extended role

**Practitioner–patient**: Any health professional seeking help for an addiction, mental health or physical health problem affecting their ability to work

**Case management**: Coordination of services to help meet a patient's healthcare needs, usually when the patient has a condition which requires multiple services from multiple providers

[www.qaproject.org/methods/resglossary.html](http://www.qaproject.org/methods/resglossary.html)

**Health for Health Professionals Practitioner**: A medical practitioner who has demonstrable enhanced and additional skills, experience and knowledge to provide services to practitioner-patients
1 INTRODUCTION

Health professionals have always been responsible for being aware of their own health and wellbeing. The GMC Good Medical Practice framework states that doctors must “protect patients and colleagues from any risk posed by your health; and make arrangements for independent medical advice when necessary”.

✓ You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care
✓ You should not treat yourself
✓ If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague
✓ You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients

However, with the changing stresses and challenges in the NHS, there has been recognition of the role of the organisation in supporting its staff. The greatest resource of the NHS is its workforce. The Department of Health (England) and, more recently, NHS England have both been involved in working with the NHS to improve the mental health of its staff.

In 2008, Dame Carol Black undertook a review of the health of the working age population. She made a number of recommendations, including a review of the health and wellbeing of the NHS workforce. This was followed up in 2009, when the Department of Health commissioned a report by Dr Boorman. This report identified that the health and wellbeing of the NHS workforce was crucial to the delivery of the improvements in patient care envisaged in the NHS Constitution.

Twenty key recommendations were given, including a number of local and national implementation proposals. In particular, he identified that the attitude of local management needed to change in order to make staff wellbeing a priority.

In the July 2010 Health White Paper, Equity and Excellence: Liberating the NHS, the Government committed to continuing to implement the recommendations from Dr Boorman’s report on NHS health and wellbeing.

As part of this commitment, the Practitioner Health Programme (PHP) was established in September 2008 in response to the review of medical regulation

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5 Briefing 78 on White Paper; Equity and Excellence: Liberating the NHS (2010). (http://www.nhsemployers.org/~/media/Employers/Publications/Health%20work%20and%20well -being%20in%20the%20NHS.pdf)
undertaken by the Chief Medical Officer in 2006.\(^6\) As a result of the success of PHP and the increasing stresses placed on the NHS and its workers, in 2016 NHS England decided to commission an England-wide service for GPs. The NHS GP Health Service (GPHS) was implemented in January 2017.

**Summary of Problems Facing Health Professionals**

Health professionals have always worked in a complex environment, with social, health, financial, employment and educational issues impacting on their daily life. Adding to this is a changing society of continual reorganisation, marketisation, and increasing austerity, which inevitably increases the stresses.

In 2015, the Chair of the GMC reported that doctors should expect to face GMC hearings within their lifetime and as such should be trained in resilience in a similar manner to soldiers.\(^7\) Health professionals, however, are already resilient by virtue of their journey into and through the profession. This cannot therefore be the only answer to the current trend of increased vocational dissatisfaction, professionals choosing to leave healthcare, high rates of mental health and suicide rates, especially among the juniors.\(^8\) Research literature shows that:

- Mental illness is common amongst doctors, with around 25% at risk
- Suicide rates are between two and four times those of other professional groups, and in some specialties there appears to be increased risk.
- The culture of medicine and dentistry is not generally supportive
- Stigma and prejudice exacerbate mental health conditions
- Patient complaints are a significant factor in leading to suicide amongst doctors

From the annual reports of PHP, it can be seen that year on year there has been an increase in the number of practitioner-patients accessing our service, as well as a change in the demographics of those seeking help.\(^9\) As of 2018 more than 5,000 doctors have accessed PHS across the three services.

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\(^7\) Lind, S. ‘Doctors need resilience training like soldiers in Afghanistan, GMC head says’. *Pulse Today* 6 Jan 2015

\(^8\) Gerada, C. ‘Wounded Healer - why we need to rethink how we support doctors’. *BMJ Careers*, July 2015 (http://careers.bmj.com/careers/advice/view-article.html?id=20022922)

**Management Issues**

Treating fellow health professionals can be challenging as there are a number of barriers to seeking and accepting help:  

- Lack of knowledge about where to seek help, especially for junior doctors who are frequently moving trusts and regions for training  
- Personality traits common to health professionals  
- Concerns about professional implications (i.e. regulator involvement, detriment to career progression, impact of having time off sick etc.)  
- Difficulties of disclosure linked to stigma, prejudice, shame and fear of taking on the ‘patient’ role

As a result, there are inherent tendencies within the profession to self-diagnose, self-treat and self-manage. There has also been a long-held culture of ‘corridor conversations’ with other professionals which, whilst not ideal for physical health conditions, can be harmful for mental health issues or more complex health concerns.

Health professionals may be reluctant to attend ‘normal’ avenues of seeking help, such as occupational health services or their general practitioner. Evidence shows that doctors perceive occupational health departments as irrelevant to them, since contact is limited to receiving vaccinations or health checks upon starting a new job. Dr Boorman’s 2009 review on NHS Staff health and wellbeing highlighted that occupational services were failing to deliver the range and quality of services that were needed in the modern NHS.

Even when a practitioner-patient does approach normal routes for help, the treating doctor often fails to recognise mental health disorders, particularly when the presentation is somatic in nature.

Nevertheless, when engaged in treatment, outcomes amongst health professionals are excellent. About three quarters of an American cohort who were treated for substance use disorders had favourable outcomes throughout a five-year period of engagement in a treatment programme. The programme involved appropriate combinations of treatment, support and sanctions to manage addiction. A longitudinal retrospective study of nearly 1,000 doctors found that, at 56 months, 81% had no identified substance misuse (identified via random unannounced testing); 20% had at least one episode of use during the five years of monitoring, requiring increased intensity of testing. At the five-year follow up, 78% were still employed in good standing, but 15% had stopped practising medicine (11% involuntarily) and 4% had passed away from a variety of causes.

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10 Balme, E. & Gerada C. ‘Supporting GPs to remain mentally healthy: What works?’ *InnoVAIt* 2016 (http://ino.sagepub.com/content/early/2016/04/22/1755738016638702.full.pdf?uikey=GGzGICm7ZqYLhek&keytype=finte)

This is further evidenced by data from patients engaged in treatment at PHS. Follow-up data shows that health practitioners seem to recover at a faster rate than patients who are not doctors or dentists. They also show improvements in mental health, social functions, and return to work or training, as well as a reduction in the involvement of the regulator. Among alcohol-dependent patients, nearly 80% remain abstinent at three years, with 90% of opiate addicts remaining abstinent. Nearly 80% of practitioner-patients remain working or return to work after contact with the service.\textsuperscript{12}

The high levels of morbidity and complexity of problems presented, combined with the described barriers to accessing care, make it important that mechanisms are found to increase the capacity for effective treatment services for practitioner-patients.

\textsuperscript{12} Brooks S., Gerada C., Chalder T. 'Doctors and Dentists with Mental Ill Health and Addictions: Outcomes of Treatment from the Practitioner Health Programme'. \textit{J Mental Health} 2013;22:237-45
2 THE SERVICE TO BE PROVIDED

2.1 Generic issues for commissioning services

The definition of a practitioner with an extended role requires the provision of a clinical service to individual patients, and therefore a direct clinical care element must be included in any special interest service.

Other additional elements described below may also be needed and may be included where specified by service commissioners. As with other special interest services, the practitioner would not be expected to work in isolation. The development of any service should be seen alongside the network of other service providers and be part of a number of options to meet the needs of practitioner-patients.

This means that a practitioner with special clinical interest should work as part of a planned response to treatment services, within a network of other providers.

In addition, given the complexity of problems presented by practitioner-patients, as well as the expertise in understanding not just the illness presented but also the context of patient safety issues, any practitioner health service ideally needs to be encapsulated within a multi-professional model.

The management of practitioner-patients encompasses a large range of clinical conditions, age groups, treatment modalities and other interventions and to suggest that a single framework could include all of these is not appropriate. This framework should act as a guide as to the potential roles of health professionals and should not be seen as exhaustive.

<table>
<thead>
<tr>
<th>Generic Roles of Health for Health Professionals Practitioners</th>
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<tbody>
<tr>
<td>Leadership and championing</td>
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<tr>
<td>Recognition, diagnosis, and assessment</td>
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<tr>
<td>Care planning</td>
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<tr>
<td>Referral and signposting</td>
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<tr>
<td>Joint/partnership working with other practitioners across the health community</td>
</tr>
<tr>
<td>Specialist prescribing and monitoring</td>
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<tr>
<td>Education and training</td>
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</table>
The PHS network of clinicians and therapists is around 200 strong, all of whom possess a combination of important characteristics that ensure they are well placed to treat fellow health professionals. These softer skills are as important as the competencies and are key in identifying who can undertake a role as a HHP Practitioner.

2.2 Special Interest activities of a Health for Health Professionals Practitioners

The core activities of a Health for Health Professionals Practitioner will vary depending on local needs, resources, skills and experience of the clinician, type of service being offered (for example, specific and time limited intervention vs. longer term monitoring) and the requirements of the practitioner-patient (e.g. addiction vs. depression).

Within different models of service, it is expected that they could provide aspects of the following:

Clinical

✓ First contact care and assessment for patients referred for care
✓ Continuing care and signposting to the provision of a range of clinical interventions as appropriate such as CBT, group therapy and mentoring
✓ Referral for specialist assessment or treatment
✓ Assessment of particular physical health needs
✓ Specific substance misuse treatment and therapeutic monitoring
✓ Case management
✓ Management of specific mental health disorders

Education and Liaison

✓ Providing advice and liaison to other practitioners through non-face-to-face or face-to-face contact, in the management of those problems/conditions within the expertise of the health for health professionals practitioner
✓ Providing support and training to other health and related practitioners in areas related to a) prevention b) identification and c) brief intervention of mental health/addiction problems in health professionals d) self-care and wellbeing
✓ Participating in education and training activities
✓ Liaising with other practitioners involved in the care of practitioner-patients

Leadership/Service Development

✓ Working with local stakeholders to develop service models and return to work programmes for practitioner-patients
✓ Co-ordinating network of HHP practitioners
✓ Carrying out and/or contributing to research into issues relating to practitioner-patients and the effectiveness of clinical interventions
✓ Developing links with other professional groups and support services for the effective shared care of practitioner-patients
✓ Supporting and developing the role of the expert patient
✓ Becoming involved in integrated training programmes across primary/secondary and third sector care

Return to work

✓ Supporting a return to work programme
✓ Writing relevant reports

Other

✓ Patient advocacy
✓ Appraisal tailored to the needs of a non-working clinician
✓ Coaching
✓ Mentoring
✓ Educational supervision
✓ Reports to Regulators/Courts
2.3 Different models of service delivery

Different models of service provision may include, but not exclusively:

- Central expert assessment and/or treatment service with locally based continuing care (hub and spoke)
- Strategically located expert assessment and/or treatment services with smaller, locally based continuing care (multiple hubs and spoke)
- Locally based assessment, treatment and case management services, incorporating multi-professional and multidisciplinary teams (multiple hubs)
- Small, locally based expert assessment and/or treatment service with local ongoing treatment and case management (small hubs and spokes)
- Telephone/IT based resource

The exact model and physical location of any service will depend on local circumstances but ideally should include access to specialist practitioners (with expertise in caring for practitioner-patients), a support network, a continuing professional development network and resources to provide a variety of appointment choices in terms of time, day, location etc. In addition, it would be important for health professionals to help their practitioner-patients re-engage with existing NHS services where necessary and appropriate.

Examples of specialist treatment services:

**Practitioner Health Service**
Practitioner Health Programme ([www.php.nhs.uk](http://www.php.nhs.uk))
General Practitioner Health Service ([http://gphealth.nhs.uk](http://gphealth.nhs.uk))

**Dentists Health Support Programme**
([http://www.dentistshealthsupporttrust.org](http://www.dentistshealthsupporttrust.org))
Supports dentists with addiction, mental illness and fitness-to-practise concerns.
They facilitate intervention, diagnosis, treatment, support, rehabilitation, recovery and reintegration.

**BMA Counselling Service and Doctors Advisory Service**
([https://www.bma.org.uk/advice/work-life-support/your-wellbeing](https://www.bma.org.uk/advice/work-life-support/your-wellbeing))
Help, personal support or counselling from trained telephone counsellors.
Available 24 hours a day, 7 days a week. Peer support from a trained Doctor-Adviser for doctors in distress or difficulty. All calls are confidential.
Other **practitioner health support** includes: Doctors for Doctors; The Sick Doctors Trust; and the British Doctors and Dentists Group. There are a number of resources nationally and regionally (*please see appendix 2*).

### 3 INFRASTRUCTURE REQUIREMENTS – SUPPORT AND FACILITIES REQUIRED

#### 3.1 Service Level Arrangements

It is important that any proposed service meets suitable arrangements as laid down by the employing authority.

This will include specifications as to:

- Type of service to be delivered
- How referrals are received
- Waiting times
- Means of communication between referrer and PwSI
- Number of work sessions
- Location of the service
- Contact with other health professionals
- Contact with specialists or other practitioners with special interest
- Methods of maintaining confidentiality
- Policy for communicating with the practitioner-patient’s GP and/or occupational health practitioner
- Policy for dealing with incidents, concerns or complaints relating to professional or service delivery
- Methods of assessing and managing risks associated with delivery of care
- Requirements for quality assuring the delivery of services and complying with regulatory requirements

#### 3.2 Governance

Though the model of service delivery, location of the service and type of service being delivered will vary, the basic requirements for a PwSI managing a clinical case load would include some of the following:

- Direct access to, and support from, specialists (for example: psychiatrists, GPs, occupational health physicians and other practitioners with specialist interest in treating health professionals)
Clinical and administrative support available as required by the particular service
Adequate means of record keeping
Education and/or mentoring support and clinical network facilities
Appropriate support to facilitate effective audit of quality
Access to educational material/clinical reference databases (including supported learning events and conferences)
Practitioners are expected to keep their facilities up to date in keeping with national guidance, and to ensure that their patients have access to up to date clinically effective care
Clear lines of responsibility and accountability for overall quality of clinical care
**Monitoring of clinical care:** including patients’ experience
**Workforce planning and development:** continuing professional development, which may include peer review, support and mentoring, will be built into organisations’ service planning; succession and contingency plans will be in place; service users will be involved and their opinions taken into account
**Risk management programmes:** included in clinical risk management, policies on patient safety, confidentiality and handling complaints
**Poor performance management:** all organisations should have systems in place for identifying poor professional performance
Access to advice with respect to regulatory process linked to critical incidents, such as medication errors, which should be mandatory for all settings, not just the NHS – especially in relation to the prescribing of controlled drugs
**Systems for maintaining enhanced confidentiality,** such as:
- Adequate means of keeping confidential records, ideally separated from any other clinical records and accessible only by the health for health professionals practitioner or others involved in the care of the practitioner-patient
- Means of ensuring anonymity when accessing the service. For example, ability to register under an assumed name; consent processes for agreed contact with the practitioner-patient and associated carers
- Information governance, including confidentiality and data protection policy – for example, secure and locked paper records; password limited access to electronic records; and processes for record-sharing and for sending data electronically

### 3.3 Standards

Nationally agreed standards for facilities exist and the *Implementing care closer to home: Convenient quality cares for patients* documents refer to these. In addition, there are specific requirements for providing care, which are best considered when accrediting the service.
4 THE COMPETENCIES REQUIRED

To a large extent, there is a continuum in the level of competencies, with specialist practitioners and those practitioners with a special interest operating at differing levels.

Competencies are often context-specific and defined elements of the competencies within this framework will be more important in certain specialties than others.

4.1 Generalist Competencies

The practitioner with special clinical interest is expected to demonstrate that he/she is competent and an experienced generalist, as well as having the specific competencies and experience for the Health for Health Professionals work. Generalist skills can be assessed in a number of ways, but are readily demonstrated by acquisition of a Completion Certificate of Specialty Training (CCST) and Membership in Good Standing of the relevant Royal College.

The competencies required to carry out the health for health professionals practitioner work are seen as a development of generalist skills, and include:

- Excellent communication skills, including the ability to explore the practitioner-patient's understanding, reactions and opinions
- Excellent record keeping
- Commitment to ensuring confidentiality
- Excellent knowledge of services relevant to the management of practitioner-patients
- An appropriate attitude, including a non-judgemental approach
- An ability to recognise one’s own limitations in expertise or knowledge and refer to others as necessary

4.2 Specific Competencies

4.21 Generic

They should be able to show knowledge and skills reflecting a higher level than those acquired by non-specialist colleagues, whilst recognising the limitations of their own knowledge and competence.
Competencies of clinicians may be viewed across the following domains: advice; identification; assessment; patient management; training supervision and teaching; research and audit; and management and service development.

The exact competencies required will vary according to a number of different factors associated with the individual practitioner, the service being delivered and the needs of the practitioner-patient. However, it is expected that all practitioners would possess a number of core competencies, as below.
### Competency 1: Being able to maintain your own physical and mental health

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
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<tbody>
<tr>
<td>1KA: Knowledge of the GMC guidance on maintaining your own health</td>
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<tr>
<td>1KB: Awareness of the impact of your working conditions on your health</td>
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<tr>
<td>1KC: Awareness of good sleep, nutrition and exercise in order to optimise your health</td>
<td></td>
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<tr>
<td>1KD: Awareness of the effect of stress on your health</td>
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<tr>
<td>1KE: Recognition of signs of burnout/when your wellbeing is being compromised</td>
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<tr>
<td>1KF: Knowledge of where you can seek appropriate help when unwell</td>
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<tr>
<td>1KG: Recognition of the role of a healthy, functional team in supporting individual health</td>
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**Skills:**

<table>
<thead>
<tr>
<th>Skills</th>
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<tbody>
<tr>
<td>1SA: Ability to maintain a good work/life balance</td>
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<tr>
<td>1SB: Ability to incorporate regular self-care into your life</td>
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<tr>
<td>1SC: Ability to recognise that your resilience will change with situations/age/working patterns and learn how to adapt to this</td>
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<tr>
<td>1SD: Ability to model good self-care for your colleagues and juniors</td>
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<tr>
<td>1SE: Development of good conflict management/resolution skills</td>
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**Attitude:**

<table>
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<th>Attitude</th>
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<tbody>
<tr>
<td>1AA: Avoid corridor conversations with colleagues about your health</td>
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<tr>
<td>1AB: Seek timely and appropriate help for physical and mental health illnesses</td>
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### Competency 2: Being able to recognise how mental health, addiction or physical health problems may present in health professionals

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
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<tbody>
<tr>
<td>2KA: Knowledge of the major health issues presenting in health professionals, especially those frequently impacting ability to work. Includes knowledge of relevant epidemiology, natural history, assessment, treatment and prognosis</td>
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<tr>
<td>2KB: Knowledge of the full range of treatment models for the management of different health problems</td>
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<tr>
<td>2KC: An understanding of help-seeking behaviour and access of healthcare by health professionals</td>
<td></td>
</tr>
<tr>
<td>2KD: An understanding of the behavioural, social, psychological and personality factors relevant to the way health professionals manage their approach to health</td>
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### Competency 3: Being able to carry out an initial assessment of the particular needs of the health professional presenting for treatment

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
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<tbody>
<tr>
<td><strong>3KA:</strong> Knowledge of the health issues presenting in health professionals, especially those frequently impacting ability to work. Includes knowledge of relevant epidemiology, natural history, assessment, treatment and prognosis</td>
<td><strong>Competence</strong></td>
</tr>
<tr>
<td><strong>3KB:</strong> Knowledge of the effect of the working environment, changing work patterns (shift work, part-time work, maternity/paternity leave), and lifestyle factors (sleep, diet, exercise etc) on the practitioner-patient</td>
<td><strong>Competence</strong></td>
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</table>
### 3KC: An understanding of the risks associated with various health problems to the practitioner-patient and subsequently the wider patient body

### 3KD: Familiarity with NICE and other national guidelines with respect to physical and mental health and addiction problems

### 3KE: A reasonable understanding of the work environments of health professionals, including an understanding of up-to-date socio-political issues that might affect them

### 3KF: An understanding of the role of other healthcare staff in the treatment of practitioner-patients

### 3KG: An understanding of the impact of local/national regulatory investigations on the wellbeing of health professionals

### Skills

#### 3SA: Ability to establish rapport and engage the practitioner-patient in their presenting complaint, treatment and needs

#### 3SB: Ability to be flexible in approach to practitioner-patients in order to deal with the interplay of physical and mental health, employment, education and social issues impacting on them

#### 3SC: Competence in carrying out brief assessments of physical health needs

#### 3SD: Competence in carrying out brief assessments of mental health needs

#### 3SE: Ability to carry out a holistic assessment taking into account practitioner-patient, physical, mental, psychological, cultural, religious, social, educational and work-related factors

#### 3SF: Ability to assess the needs of the practitioner-patient’s family and others as appropriate

#### 3SG: Awareness of vulnerable patient groups and situations

### Attitude

#### 3AA: Show tact and empathy

#### 3AC: Appreciate cultural issues

#### 3AD: Appreciate the role of other health professionals involved in care

#### 3AE: Appreciate the importance of confidentiality when working with practitioner-patients

### Competency 4: Being able to provide effective, evidence-based and high-quality care to sick health professionals

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>4KA: Knowledge of up-to-date interventions and good practice</td>
<td></td>
</tr>
<tr>
<td>4KB: An understanding of the relationship between employment, work environment and health</td>
<td></td>
</tr>
<tr>
<td>4KC: An understanding of the complex multifactorial issues of managing practitioner-patients</td>
<td></td>
</tr>
</tbody>
</table>

23
**Skills**

4SA: Ability to formulate a treatment plan, including close monitoring and adherence to a programme which is required as part of a back to work process

4SB: Ability to coordinate the care of practitioner-patients, taking into account professional reports, and information/concerns from employers and others

4SC: Ability to establish a differential diagnosis through the appropriate use of history, clinical examination and investigations

**Attitude**

4AA: Develop sophisticated communication skills with practitioner-patients, colleagues, employers, regulatory bodies and other relevant individuals involved in the management of the practitioner-patient

### Competency 5: Being able to carry out a risk assessment

#### Knowledge

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>5KA: Awareness of the requirement to protect the safety of patients, family or other dependants who may be cared for/are under the responsibility of the practitioner-patient</td>
<td></td>
</tr>
<tr>
<td>5KB: An understanding of relevant regulatory processes</td>
<td></td>
</tr>
<tr>
<td>5KC: Knowledge of risk assessment tools available</td>
<td></td>
</tr>
<tr>
<td>5KD: Knowledge of local and national bodies that the practitioner-patient can/must engage with to reduce harm to themselves and others</td>
<td></td>
</tr>
<tr>
<td>5KE: Knowledge of the role of the responsible officer</td>
<td></td>
</tr>
<tr>
<td>5KF: Knowledge of the role of the Deanery processes for trainees</td>
<td></td>
</tr>
<tr>
<td>5KG: Knowledge of the role of NCAS</td>
<td></td>
</tr>
<tr>
<td>5KH: An understanding of the remediation process</td>
<td></td>
</tr>
</tbody>
</table>

#### Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>5SA: Ability to formulate risk and management plans both in emergency and for continuing treatment</td>
<td></td>
</tr>
<tr>
<td>5SB: Competence in assessing suicide risk and making relevant short and long-term management plans</td>
<td></td>
</tr>
<tr>
<td>5SC: Competence in assessing the risk of practitioner-patients to the wider patient body, colleagues and the public and making relevant short and long-term management plans</td>
<td></td>
</tr>
<tr>
<td>5SD: Ability to assess and manage the risk of relapse in practitioner-patients</td>
<td></td>
</tr>
<tr>
<td>5SE: Competence in recognising when and to what extent it is appropriate to break practitioner-patient confidence with respect to patient safety and probity issues; to be able to discuss this with appropriate colleagues and to explain this to a practitioner-patient</td>
<td></td>
</tr>
<tr>
<td><strong>Competency 6: Being able to carry out assessment, treatment and management of addiction problems</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td><strong>Competence</strong></td>
</tr>
<tr>
<td>6KA: Knowledge of diagnosis, natural history and management of addiction</td>
<td></td>
</tr>
<tr>
<td>6KB: Knowledge of population trends in substance misuse and how that might present in practitioner-patients</td>
<td></td>
</tr>
<tr>
<td>6KC: Knowledge of abstinence-based treatment</td>
<td></td>
</tr>
<tr>
<td>6KD: Knowledge of treatment options for practitioner-patients (including locality-specific treatment)</td>
<td></td>
</tr>
<tr>
<td>6KE: Knowledge of the uses of tests of compliance to treatment plans; where and how they can be used and the implications of their use</td>
<td></td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
</tr>
<tr>
<td>6SA: Competence in diagnosis and management of addiction problems in health professionals</td>
<td></td>
</tr>
<tr>
<td>6SB: Ability to provide appropriate pharmacological intervention for the treatment of addictions</td>
<td></td>
</tr>
<tr>
<td>6SC: Ability to provide brief intervention, relapse-prevention and other psychological treatments</td>
<td></td>
</tr>
<tr>
<td>6SD: Ability to initiate and manage appropriate drug monitoring reviews</td>
<td></td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
<td></td>
</tr>
<tr>
<td>6AA: Appreciate the implications of treating practitioner-patients</td>
<td></td>
</tr>
<tr>
<td>6AB: Appreciate the potential conflicts between yourself and the requirements of the regulatory framework</td>
<td></td>
</tr>
<tr>
<td>6AC: Have an open manner in order to reduce stigma among health professionals surrounding seeking help for addiction problems</td>
<td></td>
</tr>
</tbody>
</table>
## Competency 7: Being able to carry out assessment, treatment and management of mental health problems

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>7KA: Knowledge of recognised diagnostic criteria for mental health problems</td>
<td></td>
</tr>
<tr>
<td>7KB: Knowledge of common mental health problems and how they may present in health professionals</td>
<td></td>
</tr>
<tr>
<td>7KC: Knowledge of up-to-date treatment options and associated risks and benefits</td>
<td></td>
</tr>
<tr>
<td>7KD: Knowledge of the effects of stress on mental health and how it may manifest</td>
<td></td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7SA: Competence in managing common mental health problems including depression and anxiety</td>
<td></td>
</tr>
<tr>
<td>7SB: Competence in identifying symptoms of complex mental health conditions (such as schizophrenia, bipolar affective disorder etc.) and liaising to ensure specialist input as necessary</td>
<td></td>
</tr>
<tr>
<td>7SB: Competence in brief psychological interventions and knowledge of the appropriate use of such interventions</td>
<td></td>
</tr>
<tr>
<td>7SC: Ability to develop a case management plan</td>
<td></td>
</tr>
</tbody>
</table>

### Attitude

<table>
<thead>
<tr>
<th>Attitude</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7AA: Facilitate a range of different views</td>
<td></td>
</tr>
<tr>
<td>7AB: Foster a non-judgemental, discursive environment to reduce stigma around mental health among health professionals</td>
<td></td>
</tr>
</tbody>
</table>

## Competency 8: Being able to provide health advocacy functions around regulatory, employment and legal frameworks with which practitioner-patients might be involved

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>8KA: Knowledge of regulatory processes and legal frameworks</td>
<td></td>
</tr>
<tr>
<td>8KB: Knowledge of employment processes including disciplinary processes</td>
<td></td>
</tr>
<tr>
<td>8KC: Knowledge of the function of the BMA and other relevant trade unions</td>
<td></td>
</tr>
<tr>
<td>8KD: Knowledge of competence and confidentiality</td>
<td></td>
</tr>
<tr>
<td>8KE: Knowledge of the role of occupational health and defence bodies in managing work-related health issues</td>
<td></td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
</table>

26
### Competency 9: Being able to assess a patient’s fitness to work/fitness for purpose

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>9KA: An understanding of the role of work in the health and wellbeing of health professionals</td>
<td></td>
</tr>
<tr>
<td>9KB: An understanding of the Equality Act (2010) and the implications/use of the act in the healthcare sector</td>
<td></td>
</tr>
<tr>
<td>9KC: An understanding of the role of occupational health doctors and associated teams</td>
<td></td>
</tr>
<tr>
<td>9KD: An understanding of the legal constraints on returning to work</td>
<td></td>
</tr>
<tr>
<td>9KE: An understanding of the principles of assessing fitness to work</td>
<td></td>
</tr>
<tr>
<td>9KF: Knowledge of medical charities and other third sector organisations and their role in providing support, including financial support, to practitioner-patients unable to work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>9SA: Ability to support a return to work assessment</td>
</tr>
<tr>
<td>9SB: Ability to liaise and work with occupational health personnel</td>
</tr>
<tr>
<td>9SC: Competence in working collaboratively with occupational health to formulate a return to work programme (including advising on relevant reasonable adjustments)</td>
</tr>
<tr>
<td>9SD: Competence in advising on ill-health and the need for retirement or a permanent change in work environment</td>
</tr>
<tr>
<td>9SE: Competence in liaising with other health professionals in assessing capability for work</td>
</tr>
<tr>
<td>9SF: Ability to provide advice on sickness absence and ill-health retirement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>9AA: Be facilitative</td>
</tr>
<tr>
<td>9AB: Be aware of boundary issues</td>
</tr>
</tbody>
</table>
Competency 10: Being able to undertake a collaborative process of assessment, planning, facilitation, care coordination and advocacy for options and services to meet the practitioner-patient’s health needs

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>10KA: Knowledge of case management functions and their benefits</td>
<td></td>
</tr>
<tr>
<td>10KB: Knowledge of the roles of the different practitioners involved in the care of a practitioner-patient</td>
<td></td>
</tr>
<tr>
<td>10KC: Knowledge of various organisations (within the NHS and third sector) who could contribute towards care of practitioner-patients</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10SA: Ability to identify relapse triggers/prodromes to relapse and respond promptly</td>
<td></td>
</tr>
<tr>
<td>10SB: Ability to formulate timely and appropriate management/treatment plans</td>
<td></td>
</tr>
<tr>
<td>10SC: Ability to navigate the practitioner-patient through all aspects of their care both within your service and others</td>
<td></td>
</tr>
<tr>
<td>10SD: Ability to empower practitioner-patients to be active in their own care and to take on an appropriate degree of self-care</td>
<td></td>
</tr>
</tbody>
</table>

**Attitude:**

<table>
<thead>
<tr>
<th>Attitude</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10AA: Champion co-production of care plans with practitioner-patients</td>
<td></td>
</tr>
</tbody>
</table>

Competency 11: Being able to assess the need for, organise and deliver health promotion to practitioner-patients

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>11KA: An understanding of the major risks relevant to health professionals</td>
<td></td>
</tr>
<tr>
<td>11KB: An understanding of the principles of health promotion and education relevant to health professionals</td>
<td></td>
</tr>
<tr>
<td>11KC: Knowledge of relevant national and local support agencies</td>
<td></td>
</tr>
<tr>
<td>11KD: An understanding of the role and value of peer mentors/experts by experience</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11SA: Ability to participate in the delivery of health education</td>
<td></td>
</tr>
<tr>
<td>11SB: Competence in liaising with other health professionals for improving health in your area</td>
<td></td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>11AA: Be proactive and enthusiastic in health promotion amongst health professionals</td>
<td></td>
</tr>
<tr>
<td>11AB: Be innovative in reducing stigma of mental health and addiction problems amongst health professionals</td>
<td></td>
</tr>
<tr>
<td>11AC: Encourage the creation of networks of peer support/ experts by experience</td>
<td></td>
</tr>
</tbody>
</table>
5  TEACHING AND LEARNING

5.1 Theoretical training

Practitioners should be able to demonstrate satisfactory completion of recognised training, or the acknowledgement of prior learning and experience.

It is important to acknowledge those medical practitioners who have acquired skills and knowledge in the management of practitioner-patients in the course of their career and therefore will be able to demonstrate their competence through submission of evidence without any further training.

A number of different teaching and learning methods can be utilised, these may include:

✓ Observation and performance under supervision
✓ Case-note review
✓ Tutorials
✓ Formal courses in mental health/addiction or other relevant areas
✓ Self-directed learning
✓ Role play and discussion groups
✓ Multidisciplinary groups
✓ Observation and visits to appropriate clinics

Practitioners are expected to demonstrate that they have completed recognised training, which may include acknowledgement of prior learning and experience.

This can be acquired in different ways, such as:

✓ Experience (current or previous)
✓ Successful completion of formal training (for example, RCGP Certificate in Substance Misuse)
✓ Self-directed learning via the internet with evidence of the completion of individual tasks
✓ Attendance at recognised meetings/lectures/tutorials on specific relevant topics

5.2 Practical training

This will be determined by the particular specialty of the medical practitioner and the roles expected to be undertaken (e.g. management of addiction problems, case management functions and focus on return to work).
Clinical supervised experience is essential to enable the development of skills. The number of new and follow-up patients seen should be sufficient (ideally at least three per year) to ensure that the practitioner is able to meet the competencies of the service requirements, the skill being assessed and the level of expertise required.

Ways in which this practical training can be achieved include:

- As a clinical assistant or other non-consultant career-grade post under the supervision of a specialist or consultant in relevant area
- Links and/or mentoring arrangements with experienced clinicians
- As a clinical placement agreed locally
- Simulation training
- As part of a recognised university course

5.3 Specific teaching/learning methods

A number of different teaching and learning methods can be utilised including:

- Acquiring many of the required competencies during the attachment to a relevant specialist unit under the supervision of a specialist practitioner; the latter can sign off each skill as it is acquired in the log-book, detailing the required competencies for accreditation
- A periodic case note review by an educational supervisor
- Attendance at a structured course of lectures/tutorials designed to cover relevant competencies
- A combination of clinical assessments and direct observation of practical skills, depending on the type of service being offered

5.4 Mix of theoretical training, supervised practice and competency-based assessment

Many universities, Royal Colleges and training institutions are developing training modules that include theoretical training followed by supervised practice and formal competency-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal, competency-based assessment is likely to become widely accepted, mirroring the assessment processes used in undergraduate and postgraduate training. This type of training module
would therefore be useful in supporting the training and accreditation process for Health for Health Professionals Practitioners.
6 ASSESSMENT – EVIDENCE OF ACQUISITION OF COMPETENCIES

This involves determining the evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. The assessment of individual competencies will be undertaken by a combination of some (but not all) of the following:

<table>
<thead>
<tr>
<th>AREA</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>✓ Observed practice using modified mini clinical examination</td>
</tr>
<tr>
<td></td>
<td>✓ Case note review</td>
</tr>
<tr>
<td></td>
<td>✓ Demonstration of skills under direct observation by a specialist clinician</td>
</tr>
<tr>
<td>Peer Feedback</td>
<td>✓ Reports from senior professionals in the multidisciplinary team (using multi-source appraisal tools)</td>
</tr>
<tr>
<td>Patient Feedback</td>
<td>✓ Patient survey</td>
</tr>
<tr>
<td>Practice</td>
<td>✓ Workplace visits reports</td>
</tr>
<tr>
<td></td>
<td>✓ Health of Working Groups Study Reports</td>
</tr>
<tr>
<td></td>
<td>✓ Extended practice evidence</td>
</tr>
<tr>
<td>Audit</td>
<td>✓ Effectiveness of therapeutic interventions and outcomes</td>
</tr>
<tr>
<td>Educational, Training and Development</td>
<td>✓ Simulated roleplay objective structured clinical examination (OSCE)</td>
</tr>
<tr>
<td></td>
<td>✓ Case-based discussion</td>
</tr>
<tr>
<td></td>
<td>✓ Section 12 Approval</td>
</tr>
<tr>
<td></td>
<td>✓ Reflective practice</td>
</tr>
<tr>
<td></td>
<td>✓ Further training</td>
</tr>
<tr>
<td></td>
<td>✓ Logbook/portfolio of achievement</td>
</tr>
<tr>
<td></td>
<td>✓ Observed communication skills, attitudes and professional conduct</td>
</tr>
<tr>
<td></td>
<td>✓ Demonstration of knowledge by personal study supported by appraisal (+/- knowledge-based assessment)</td>
</tr>
</tbody>
</table>
✓ Evidence of gained knowledge via attendance at accredited courses or conferences
✓ Evidence of completion of relevant e-learning modules

Governance
✓ Documentation of compliance with relevant clinical governance policies and protocols

Whilst it is envisaged that competency will be assessed across many of the clinical domains, it is expected that the assessment process will be tailored towards the service that the practitioner will deliver. This will be agreed between the trainer and trainee at the start of the training.
The final accreditation sign-off process is outlined in the RCGP Framework to support the governance of general practitioners with extended roles¹, and includes provision of evidence of the acquisition of appropriate competencies. This guidance is relevant to this framework, though more work is required to determine the mechanism for accrediting both the practitioner and the service.

**Suggested Requirements for Accreditation of HHP Practitioners**

<table>
<thead>
<tr>
<th>Competence</th>
<th>Example of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td>MRCGP or equivalent. Undertaken vocational training. Demonstration of competence of enhanced generalist skills. For example, completion of training-the-trainer course; appraiser; leadership course or equivalent. Member of European Network of Practitioner Health</td>
</tr>
<tr>
<td><strong>Competency 1: Awareness</strong></td>
<td>Demonstration of prior training and experience through presentation of personal development portfolio</td>
</tr>
<tr>
<td><strong>Competency 2: General assessment</strong></td>
<td>Evidence of attendance at Appraiser training</td>
</tr>
<tr>
<td><strong>Competency 3: Providing high quality care</strong></td>
<td>Evidence of higher level mental health training or equivalent experience</td>
</tr>
</tbody>
</table>

| Competency 4: Risk Assessment | Multisource feedback  
| | Audit of clinical practice  
| | Audit of significant events  
| | Evidence of clinical supervision arrangements  
| Competency 5: Addiction | RCGP Certificate Substance Misuse  
| | Part 2 or equivalent  
| Competency 6: Mental health | MRCPsych  
| | Section 12 Approved  
| | Approved as GPwER mental health  
| Competency 7: Case Management | Accredited GMC Supervisor  
| Competency 8: Health Advocacy | Mentor training  
| | Coach training  
| | Appraiser training  
| | E.g. Diploma in Occupational Medicine  
| Competency 9: Work Assessment | Completion of expert patient programme  
| | Evidence of attendance at educational event  
| Competency 10: Health promotion |  

Maintenance of Competencies

All key stakeholders should agree practical arrangements for this as part of the service accreditation.

Practitioners are expected to maintain a personal development portfolio to identify their education requirements matched against the competencies required for the service, and to evidence how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook to confirm the satisfactory fulfilment of the required training experience, and the maintenance of the competencies enumerated in this document and by the accreditors. The portfolio should also include evidence of audit and continuing professional development (CPD), user and colleague feedback, and would be expected to form part of the Health for Health Professionals Practitioner annual appraisal and revalidation.

In order to develop and maintain skills, it is important to see enough patients in a relevant setting. At present there is no benchmark for the number of patients to maintain competence. However, experts in the field have suggested the following:

- It is important maintain a clinical caseload of at least three practitioner-patients per year
- Ideally, there should be at least a three-monthly discussion of cases with a specialist practitioner and as an opportunity for CPD
- Arrangements for this should be agreed at the end of the training programme

It is also expected that practitioners will:

- Be actively involved in local or national HHP services
- Maintain their competencies
- Contribute to clinical audits/research/development

It would be expected that the practitioner with special clinical interest would maintain their skills and competencies.

They are expected to monitor service delivery, which incorporates some of the following:

- Clinical and social outcomes and quality of care
- Referral rates of patients to specialists by the practitioner
• Access times to the HHP service
• Patient experience questionnaires
• Multisource feedback
Revalidation

For medical practitioners, revalidation requires that they undergo appraisal, meet specified criteria standards and provide evidence to demonstrate their competence in all capacities for which they practice. In practice this means that clinicians who develop an area of special interest should be appraised and revalidated on both their generalist and specialist roles, ideally as part of a whole practice process. If it is not possible for the appraiser to properly consider the specialist area of work, this could be managed by a specialist supervisor or an agreed expert contributing to meet the appraisal objectives.

Revalidation requires doctors to present evidence against all 12 of the attributes outlined in the GMC Good Medical Practice framework over a five-year period. This framework maps directly onto those attributes and hence the evidence used to support competency as a Health for Health Professionals Practitioner can also be used to support revalidation.

<table>
<thead>
<tr>
<th>The domains and attributes of the GMC module for Good Medical Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1 – Knowledge, skills and performance</strong></td>
</tr>
<tr>
<td>Attribute 1 Maintain your professional performance</td>
</tr>
<tr>
<td>Attribute 2 Apply knowledge and experience to practice</td>
</tr>
<tr>
<td>Attribute 3 Keep clear, accurate and legible records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Domain 2 – Safety and Quality</strong></th>
<th><strong>Practitioner Objective</strong></th>
<th><strong>Domain 4 – Maintaining Trust</strong></th>
<th><strong>Practitioner Objective</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attribute 1 Put into effect systems to protect patients and improve care</td>
<td>10</td>
<td>Attribute 1 Show respect for patients</td>
<td>2, 4, 5 and 6</td>
</tr>
<tr>
<td>Attribute 2 Respond to risks to safety</td>
<td></td>
<td>Attribute 2 Treat patients and colleagues without discrimination</td>
<td></td>
</tr>
<tr>
<td>Attribute 3 Protect patients from any risk posed by your health</td>
<td></td>
<td>Attribute 3 Act with honesty and integrity</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1: Links to other resources and implementation tools

**RCGP Curriculum Statement 13 - Care of People with Mental Health Problems**  

**Standards and Supporting Info for Revalidation**  

**Mentoring: Theory and Practice**  
https://faculty.londondeanery.ac.uk/e-learning/feedback/files/Mentoring_Theory_and_Practice.pdf

**Professional Development Framework for Supervisors in the London Deanery**  
https://faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors

**Responsible Officer Guidance – Closing the Gap in Medical Regulation**  

**Good Psychiatric Practice 3rd Ed. (RCPSYCH)**  

**The Role of GMC Employer Liaison Advisor**  
https://www.gmc-uk.org/about/how-we-work/liaison-and-outreach/employer-liaison-service

**National Clinical Assessment Service**  
http://www.ncas.nhs.uk/
General Dental Council  
http://www.gdc-uk.org/  
Regulates dental professionals in the United Kingdom. All dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with us to work in the UK.

General Medical Council  
http://www.gmc-uk.org/  
The General Medical Council (GMC) registers doctors to practise medicine in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
Appendix 2: Support services available to doctors and dentists across the UK

National Services

1) **NHS GP Health Service** (For GPs and GP trainees in England)
   http://gphealth.nhs.uk/

   Available for all GPs and GPVTS trainees across England, helping with issues that may relate to mental or physical health concerns or addiction problems, particularly where these might be affecting work. There are regional hubs around England. GPs from Scotland and Wales may be seen on a case by case basis depending on local CCG funding in their area.

2) **BMA Counselling Service and Doctors Advisory Service**
   https://www.bma.org.uk/advice/work-life-support/your-wellbeing

   Help, personal support or counselling from trained telephone counsellors. Available 24 hours a day, 7 days a week. Peer support from a trained doctor-adviser for doctors in distress or difficulty. All calls are confidential.

3) **DocHealth**
   http://www.dochealth.org.uk/

   Confidential, not for profit, psychotherapeutic consultation service for all doctors. Although located in London, the service is open to all doctors in the UK. It is supported by the British Medical Association (BMA) and the Royal Medical Benevolent Fund (RMBF). The service offers up to six face-to-face sessions. DocHealth is exclusively self-referral.

   Fees are based on a sliding scale relating to the grade and circumstances of the doctor. The aim is to develop regional hubs if the pilot project is successful.

4) **Help for Health Professionals** (WALES ONLY)
   https://www.hhpwales.co.uk/

   A helpline which offers face-to-face counselling service for all doctors in Wales. It provides doctors with access to a BABCP (British Association of Behavioural and Cognitive Psychotherapies) accredited therapists in their area. This service is confidential and is fully funded for doctors in Wales by the Welsh Government.
5) The Royal Benevolent Fund
http://www.rmbf.org/pages/whatwedo.html

The leading UK charity for doctors, medical students and their families. The RMBF provides financial support, money advice and information when it is most needed due to distress caused by age, ill health, or bereavement. RMBF has a telephone befriending service for anyone who needs to talk.

6) The Cameron Fund
http://www.cameronfund.org.uk/
They provide support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment.

7) Medical Women’s Federation
http://www.medicalwomensfederation.org.uk/

Offers advice and support to female doctors, including mentoring and coaching schemes, support around issues with maternity leave, part-time trainees and SAS doctors.

8) Association of Medical Professionals with Hearing Loss (AMPHL)
https://amphl.org

Provides information, promotes advocacy and mentorship, and creates a network for individuals with hearing loss interested in healthcare fields.

9) National Clinical Assessment Service Advice Line
http://www.ncas.nhs.uk/accessing-case-services/contact-us/

If you have concerns about your own performance - perhaps you are returning to work after a period of absence, or you have health problems which may be impacting on your performance – you can self-refer to NCAS.

10) Dentists Health Support Programme
http://www.dentistshealthsupporttrust.org/

Supports dentists with addiction, mental illness and fitness-to-practise concerns affecting dentists. They facilitate intervention, diagnosis, treatment, support, rehabilitation, recovery and reintegration.

**National Support Groups**

1) Doctors Support Network (DSN)
www.dsn.org.uk
An independent, confidential and friendly self-help group for doctors who have experienced mental distress or mental health problems. The service is for doctors and run by doctors. They have regional peer groups meeting approximately once a month for discussion and support.

2) **Hope 4 Medics**  
[http://www.hope4medics.co.uk](http://www.hope4medics.co.uk)

An online support group for doctors with disabilities providing support in distress, advice about seeking help and thinking about career options.

3) **Doctors Support Group**  
[http://doctorssupportgroup.com](http://doctorssupportgroup.com)

Aims to provide support and assistance for medical professionals facing suspension, exclusion, investigation of complaints and/or allegations of professional misconduct. Monthly meetings are based in London but attendees come from across the UK.

4) **British Doctors and Dentists Group**  
[http://www.bddg.org](http://www.bddg.org)

A support society for doctors and dentists who are recovering from, or wish to recover from, addiction/dependency on alcohol or other drugs. The confidentiality of all group members is strictly retained. Regular meeting groups in Scotland, Wales and England. The BDDG also has family groups to support the loved ones of the sick doctor or dentist.

5) **Sick Doctors Trust**  
[www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

Confidential support service for doctors concerned about their use of drugs or alcohol. Telephone advice line 24/7 and is available to friends, family and colleagues as well as an individual requiring support.

6) **The Couch**  
[www.doctors.net.uk](http://www.doctors.net.uk)

The doctor needs to register with [doctors.net](http://www.doctors.net) but this ensures that only genuine UK doctors can gain access. There is a forum ‘The Couch’ for mutual support and advice, and the option of anonymous posting for delicate issues. The Couch also carries a long list of doctors around the UK happy to help others in distress.

7) **Tea & Empathy Facebook group**  
[https://www.facebook.com/groups/1215686978446877/](https://www.facebook.com/groups/1215686978446877/)

National, informal, peer-to-peer network for healthcare professionals in the NHS. The aim is to foster an atmosphere of kindness and support where they can offer an empathetic ear to anyone struggling, signposting on to further help if needed. They have
certain closed groups for healthcare staff with addiction problems and closed groups for consultants. They also have regional online groups which sometimes meet.

Regional Services

1) NHS Practitioner Health Programme (London):
www.php.nhs.uk

A free and confidential NHS service for any registered medical or dental practitioner living or working within London with issues that may relate to a mental or physical health concerns or addiction problems, particularly where these might be affecting work. Experienced GPs and mental health workers, with expertise in treating health professionals, run the service. Out of area patients may be accepted if supported by a GP referral.

2) Wessex Insight (For GPs practising in the Wessex area)
https://www.wessexlmcs.com/wessexinsight

Offers professional support to GPs who may be struggling with challenges or obstacles which are causing a negative impact on their performance in the workplace. They also offer one-to-one mentoring, time management, language and advanced communication skills, help with dyslexia and dyspraxia screening. Partly funded by the Wessex deanery.

3) Health Education England
https://hee.nhs.uk/

There are 13 regional boards which provide a variety of kinds of support for trainees/doctors of any grade working in the area (see below).

- London: http://www.lpmde.ac.uk/professional-development/professional-support-unit
- East of England: https://heeeoe.hee.nhs.uk/aims_and_objectives
- East Midlands: https://www.eastmidlandsdeanery.nhs.uk/page.php?id=899
- Kent, Surrey and Sussex: http://www.ksseducation.hee.nhs.uk/
- North East: http://madeinheene.hee.nhs.uk/Trainee-Support-Service
- North West: https://www.nwpgmd.nhs.uk/careers_advice/advice_and_guidance
- Yorkshire and the Humber: http://www.yorksandhumberdeanery.nhs.uk
4) **Wales Deanery**
https://psu.walesdeanery.org/professional-support-services/our-services

5) **Scotland Deanery**
http://www.scotlanddeanery.nhs.scot/trainer-information/performance-support-unit/

They offer a variety of professional support for trainees

- Management
- Careers advice
- Language and communication skills
- Examination support
- Occupational health assessment
- Advice re specific training to meet identified educational needs
- Assessments
- Mentoring support
- Management of GMC referrals in relation to key areas of performance (competence), health or conduct (personal/professional)

6) **Northern Ireland Medical and Dental Agency**
http://www.nimdta.gov.uk/about/human-resources/human-resources-contacts/ (Responsible agency for training in NI). Offer a small professional support unit to all medical and dental trainees in Northern Ireland

- Started a pilot scheme in August 2016 offering mentoring to all Foundation Year One trainees. Other trainees can also apply for this (on a case-by-case basis). http://www.nimdta.gov.uk/quality-management/professional-support/peer-mentoring-pilot-scheme/
- Trainees in difficulty can be referred by supervisor for career/pastoral support to them
Royal Colleges

All the Royal College websites have a signposting page on their site for members in difficulty. The pages generally cite some of the doctor-specific national services mentioned in this document and more general services such as AA, NA, Samaritans etc. In addition to this, the below Colleges also provide separate services:

Royal College of Psychiatry

Psychiatrists Support Unit
A free, confidential support and advice service for members, trainee members and associates of the Royal College of Psychiatrists who find themselves in difficulty or in need of support either personally or professionally. It is a dedicated phone helpline, where calls are kept separate from the main College phone line.

Start Well
A support initiative for consultants during their first 6 years of working (https://www.rcpsych.ac.uk/workinpsychiatry/newconsultantsstart%cf%88ell.aspx)

Royal College of Obstetricians and Gynaecologists

Mentoring Scheme
For obstetricians and gynaecologists who are experiencing difficulties in relation to their work. Mentors are Fellows or Members of the College who have had mentoring training.

A toolkit has been created related to bullying and undermining in the workplace, in collaboration with the Royal College of Midwives: https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/improving-workplace-behaviours-dealing-with-undermining/undermining-toolkit/


Royal College of Surgeons

Confidential Support and Advice Services for surgeons (CSAS)
A confidential telephone line as a point of personal contact between surgeons, intended to offer a listening ear and act as an informed signpost to appropriate sources of advice and support.
Faculty of Medical Leadership and Management

Offers coaching and mentoring to their members (paid). They are also piloting a bespoke coaching service for GPs to encourage leadership skills.  
[https://www.fmlm.ac.uk/programme-services/individual-support/coaching](https://www.fmlm.ac.uk/programme-services/individual-support/coaching)