

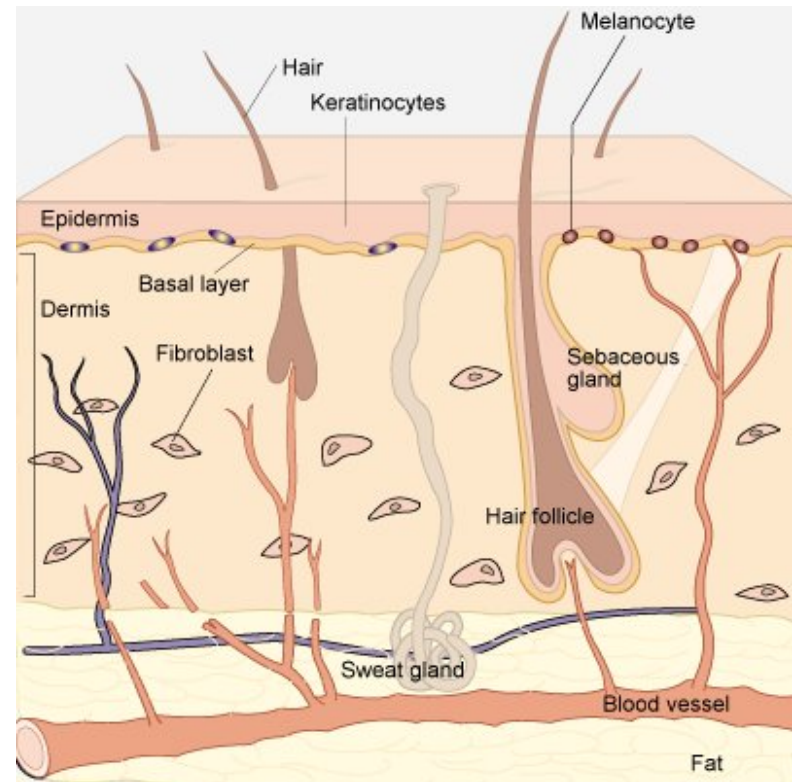
Skin surgery: what about training and accreditation?

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Hospitals

Skin surgery: what about training and accreditation?

- Where am I coming from?
- National context: setting the scene
- Why do we need accreditation?
- Who/what needs to be accredited?
- How will it happen?

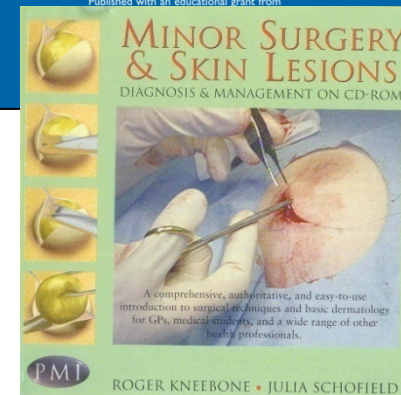
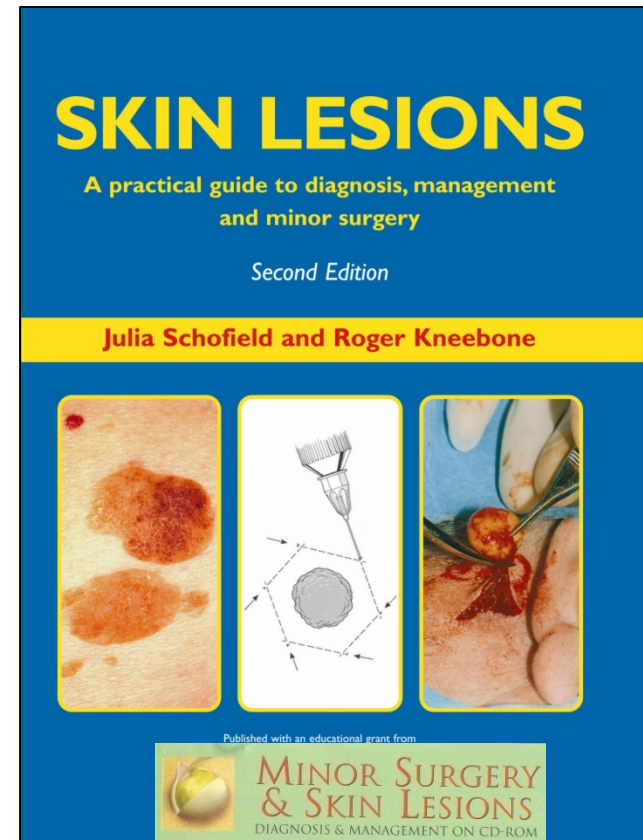


Where am I coming from?



Where am I coming from?

- General practice
- Jobbing dermatologist
- RCGP courses, nurse training, skin lesions
- NHS Modernisation Agency
- Training and education
- Competency based assessment
- National guidance documents



National context: setting the scene 1997-2008



The Blair years and Dermatology

Implementing care closer to home: Convenient quality care for patients

Guidance and competencies for the provision of services using GPs with Special Interests (GPwSIs)

Dermatology and skin surgery

NHS
Primary Care Contracting

Providing care for patients with skin conditions: guidance and resources for Commissioners

The cover features three photographs: a doctor examining a child's leg, a nurse in a clinical setting, and a doctor and patient smiling together.

Guidance on Cancer Services

Improving Outcomes for People with Skin Tumours including Melanoma

Our health, our care, our say:

a new direction for community services

Health and social care working together in partnership



18 WEEKS
Delivering the 18 week patient pathway

Shifting Care Closer to Home

Care Closer to Home demonstration sites – report of the speciality subgroups

Why do we need accreditation?

- 2006 White Paper
- Care closer to home
BUT not at the expense
of quality
- 2005 audit of
Dermatology GPwSI
guidance, concerns
- DH working group to
develop guidance for
commissioners



Our health, our care, our say:

a new direction for community services

Health and social care working together in partnership



2003 DH guidance

Guidelines for the appointment of

General Practitioners with Special Interests
in the Delivery of Clinical Services

Dermatology



Implementing care closer to home: Convenient quality care for patients

Part 1:

Introduction to commissioning more specialised care closer to home

Part 2:

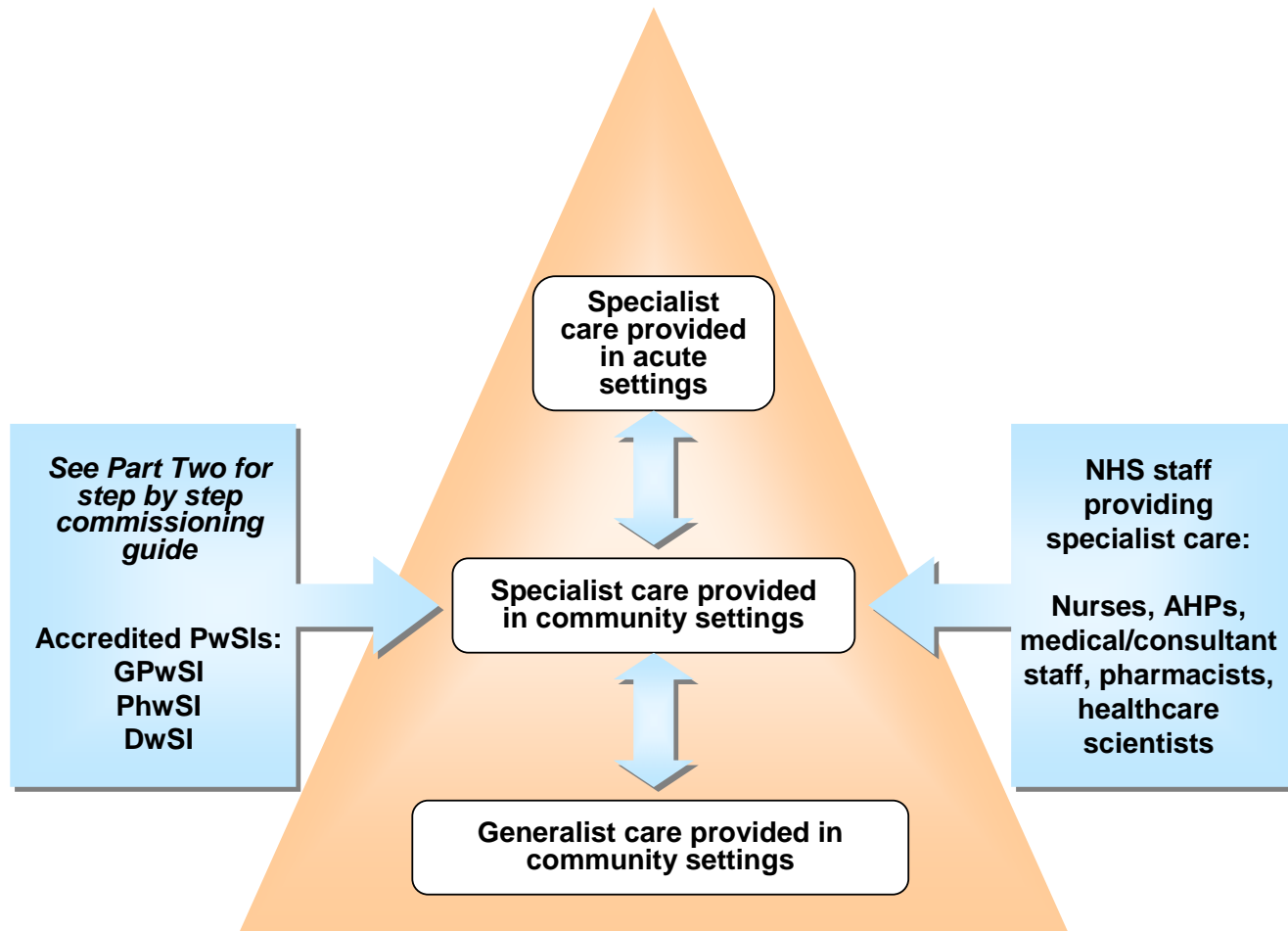
Step by Step guide to commissioning more specialised care delivered by accredited Practitioners with Special Interests in community settings

Part 3:

National Guidelines for the Accreditation of GPs and Pharmacists with Special Interests

New guidance for commissioners: April 2007

Part 1: Introduction to commissioning more specialised care closer to home



Specialised services in community settings can be delivered by a range of clinicians

GP Skin surgery: who needs to be accredited?

- GPwSIs in skin surgery: taking referrals from GPs outside own practice (LES)
- Community cancer clinicians performing skin cancer surgery
- GPs performing skin surgery on their own patients (DES)

GPs: skin surgery on their own patients (DES)

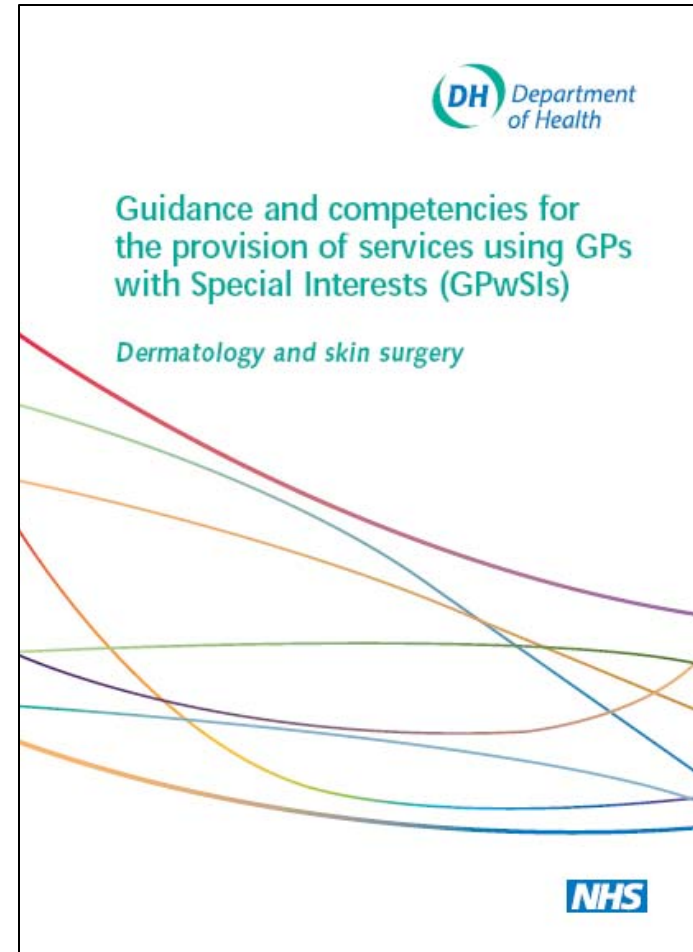
'A practice may be accepted for the provision of this (minor surgery) DES if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with special interests (GPwSI) guidance or the specific examples as they are developed¹'

1. Minor surgery - Specification for a directed enhanced service April 2003 (revised February 2004),

So what are the accreditation frameworks?



GENERIC



SPECIALTY SPECIFIC

Part 3 National Guidelines for the Accreditation of GPs and Pharmacists with Special Interests

Definition, what does GPwSI mean?

- Generalist
- Additional skills
- Working unsupervised
- Taking referrals from colleagues
- Usually in community settings



Part 3 National Guidelines for the Accreditation of GPs and Pharmacists with Special Interests

New approach:

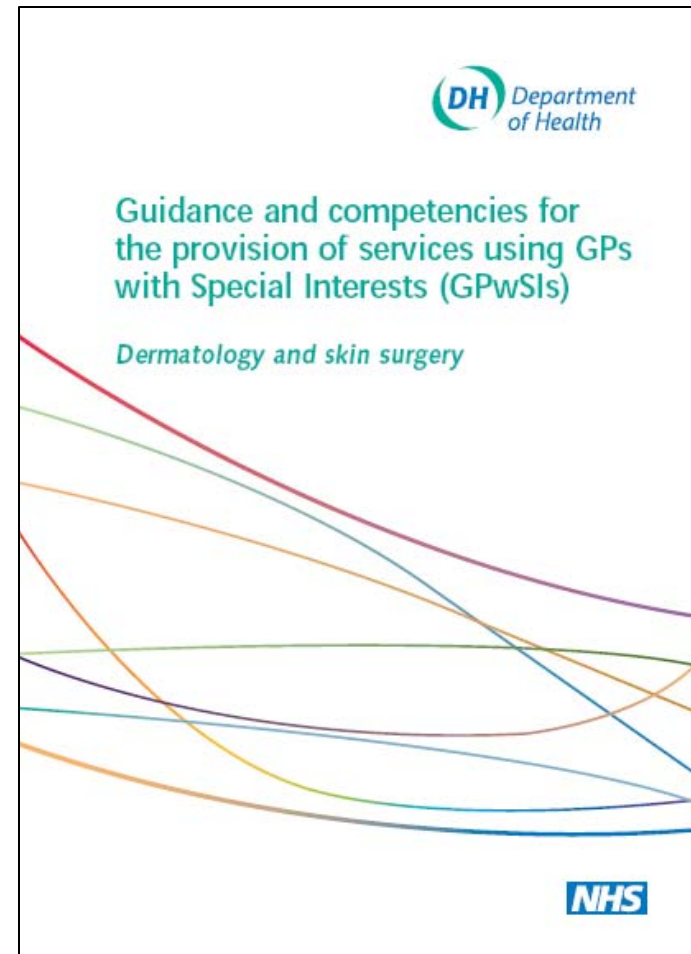
- Accreditation of the service
- Accreditation of the facilities
- Accreditation of the individual

**Part 3 is mandatory:
implementation March
2009**



Dermatology and Skin Surgery

- Competency based assessment
- Paper qualifications not pre-requisite
- Assessment of competency
- Direct Observation of Procedural Skills (DOPS)
- Mini CEX (mini-clinical examination)



GPs performing skin surgery only (Groups SS1 and SS2)
Generic accreditation and the following:

**SERVICES
PROVIDED**

Group SS1:
Providing basic
skin surgery



ASSESSMENT

Clinical assessment (modified
mini-CEX) x 2 relating to
benign and malignant skin
lesions
DOPS1

Group SS1:
Providing basic and
more advanced skin
surgery



Clinical assessment
(modified mini-CEX) x 2
relating to benign and
malignant skin lesions
DOPS1 and DOPS2

Direct Observation of Procedural Skills

- As real as possible
- Patient or actor
- Consent
- Local anaesthesia
- Ellipse excision
- Suturing
- Synthetic skin or similar attached to actor



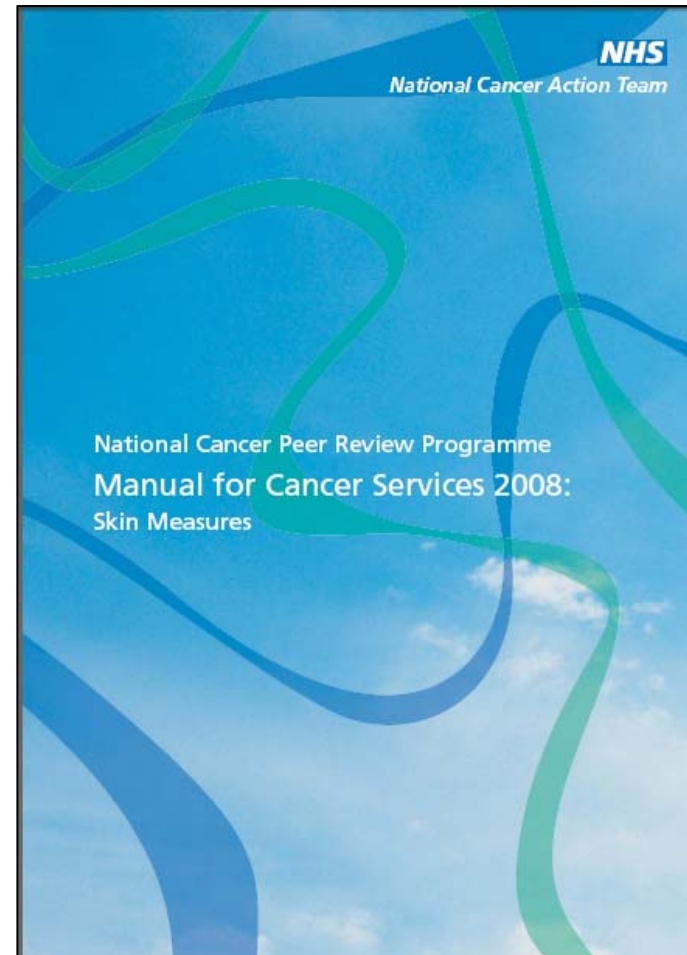
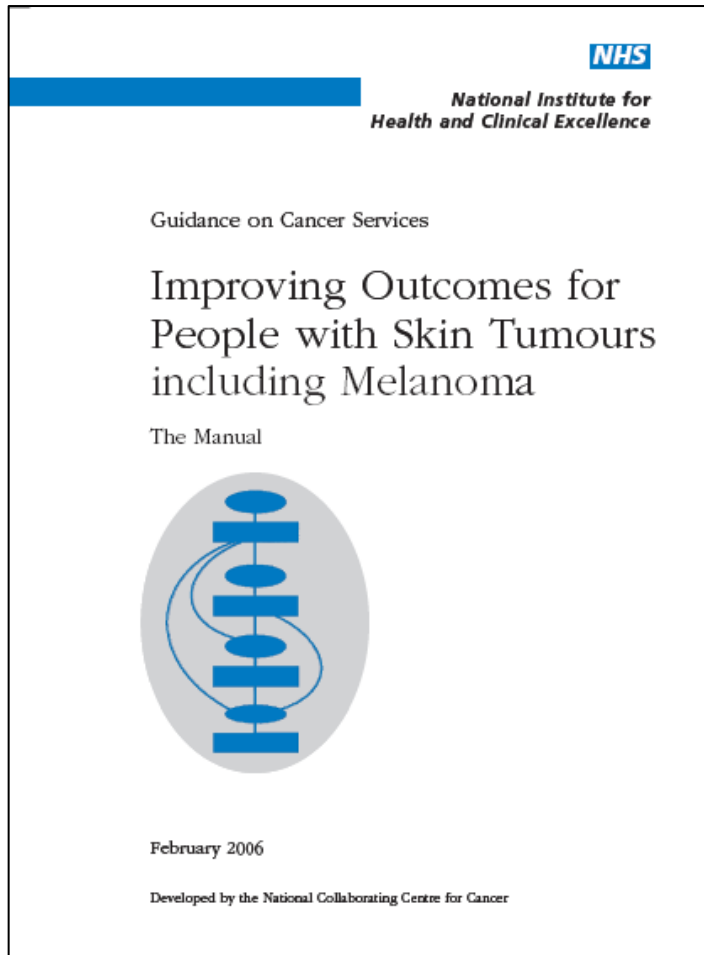
IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF SKIN SURGERY SERVICES

For patients having skin surgery, they should ensure that:

- The procedure was *necessary*
- *Appropriate to have the procedure performed*
- The *appropriate procedure* was performed
- That the clinician was *suitably trained*
- That the facilities were to the appropriate standard

To reduce unnecessary and inappropriate skin surgery being performed good diagnostic skills are essential and all clinicians performing skin surgery should be strongly encouraged to improve their diagnostic skills.

More politics: NICE guidance 2006



Delivering community skin cancer services

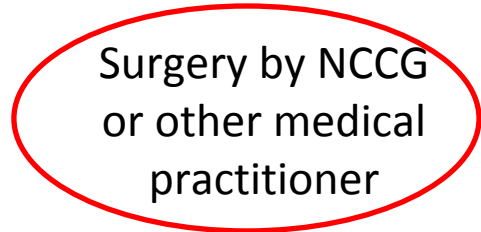
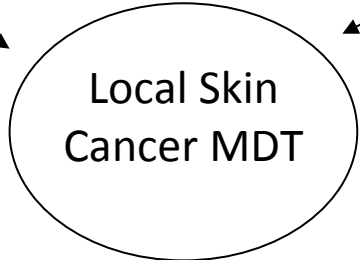
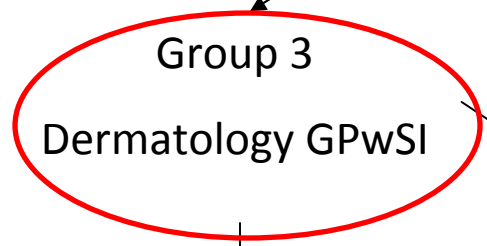
Commissioners can use different models:

- GPwSI community cancer clinicians
- Extended role practitioners working as part of a local MDT dermatology team
- NCCG doctors working as part of the local MDT
- Consultant outreach

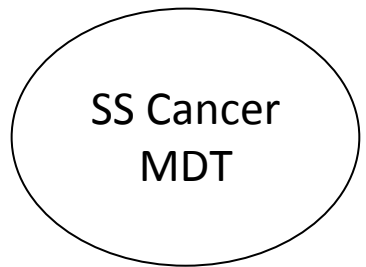
COMMUNITY SKIN CANCER SERVICES

PCT accreditation,
PCT performers list
PCT governance
framework

Acute Trust/Secondary
care provider governance
frameworks

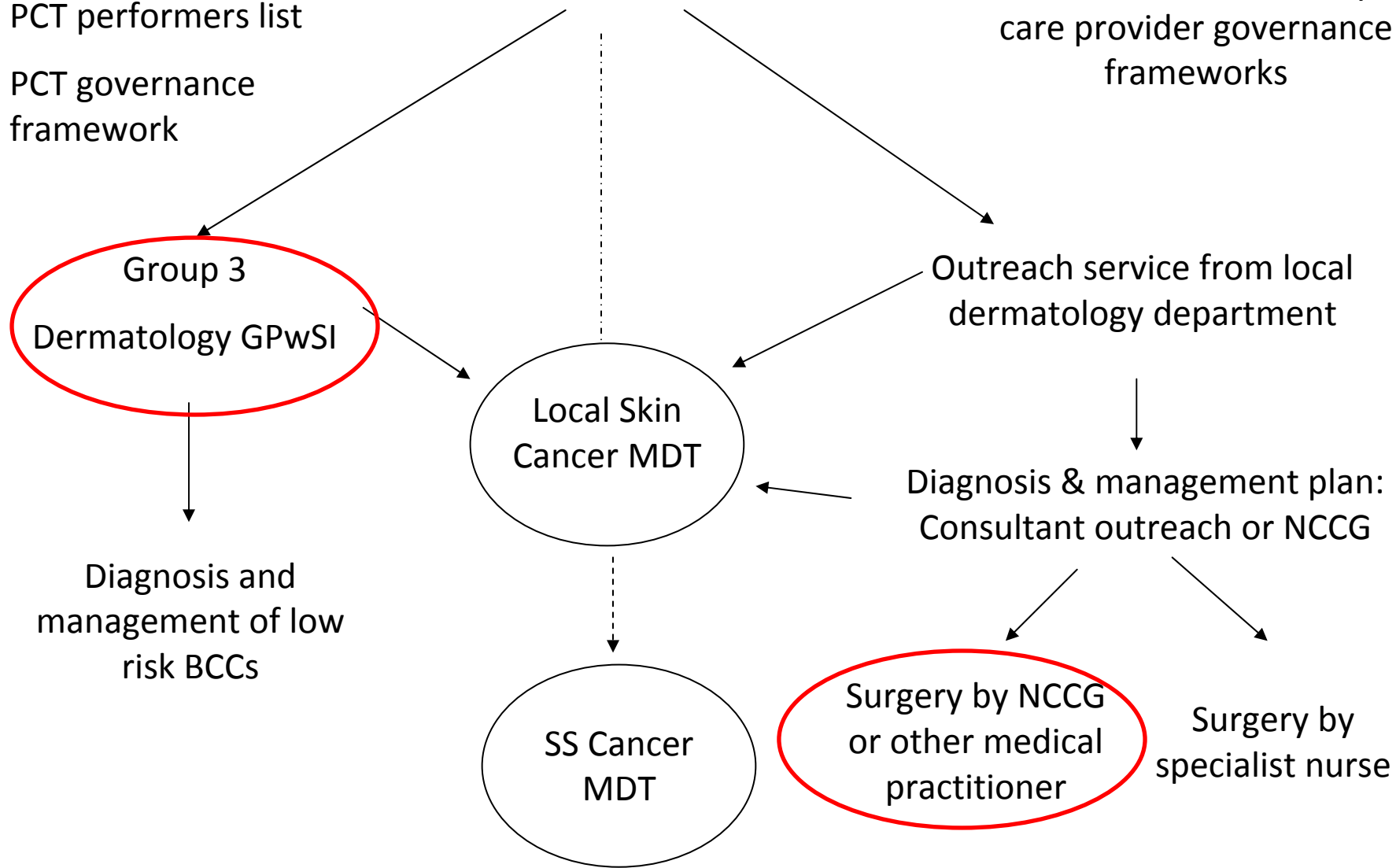


Diagnosis and
management of low
risk BCCs



Diagnosis & management plan:
Consultant outreach or NCCG

Surgery by
specialist nurse



All Dermatology GPwSIs must fulfil the generic national guidance for GPwSI around accreditation of:

- **Service**
- **Facilities**
- **Those delivering the service**

+

Fulfil DERMATOLOGY speciality specific guidance for GPwSI for diagnosis and management of skin disease

Guidance: this document



DERMATOLOGY GPwSI SERVICES PROVIDED

Group 1: Diagnosis and management of skin disease

+

Fulfil DERMATOLOGY speciality specific guidance for GPwSI for diagnosis and management of skin disease and skin surgery*

Guidance: this document



Group 2: Diagnosis and management of skin disease and/or skin surgery

+

Fulfil DERMATOLOGY speciality specific guidance for GPwSI for diagnosis and management of skin disease and skin surgery and community skin cancer services

Guidance this document pages plus link to NICE IOG



Group 3: Providing community skin cancer services

Dermatology GPwSIs: assessment

SERVICES PROVIDED

ASSESSMENT

Group 1: Diagnosis and management of skin disease



Clinical assessment (modified mini-CEX) x 4 sessions

Group 2: Diagnosis and management of skin disease, skin surgery basic or advanced



Clinical assessment (modified mini-CEX) x 4 sessions
DOPS1 session for basic skin surgery
DOPS1 and DOPS2 sessions for advanced skin surgery (if offered)

Group 3: Providing community skin cancer services



Clinical assessment (modified mini-CEX) x 4 sessions
DOPS 1 and DOPS 2 sessions for advanced skin surgery

Meet requirements for NICE IOG in respect of training

Group 3: GPwSI community cancer clinicians

- Group 1 and Group 2 standards met
- 4 MDTs per year, 2 discussing audit
- Annual session with consultant dermatologist
- 15 hours relevant CPD
- Log book: minimum of 40 surgical procedures for suspected skin cancers
- Prospective audit
- Attendance at TSSG meetings: accountable to network lead

COMMUNITY SKIN CANCER SERVICES

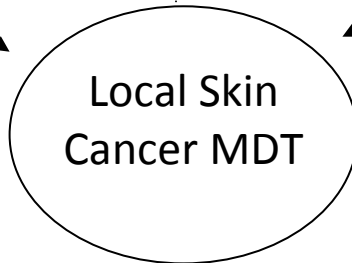
PCT accreditation,
PCT performers list
PCT governance
framework

Acute Trust/Secondary
care provider governance
frameworks

Group 3

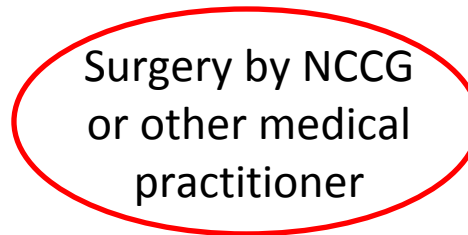
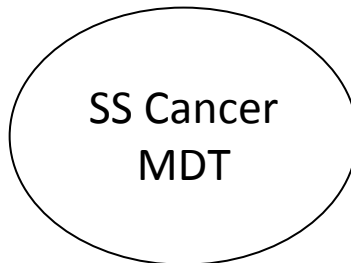
Dermatology GPwSI

Outreach service from local
dermatology department



Diagnosis and
management of low
risk BCCs

Diagnosis & management plan:
Consultant outreach or NCCG

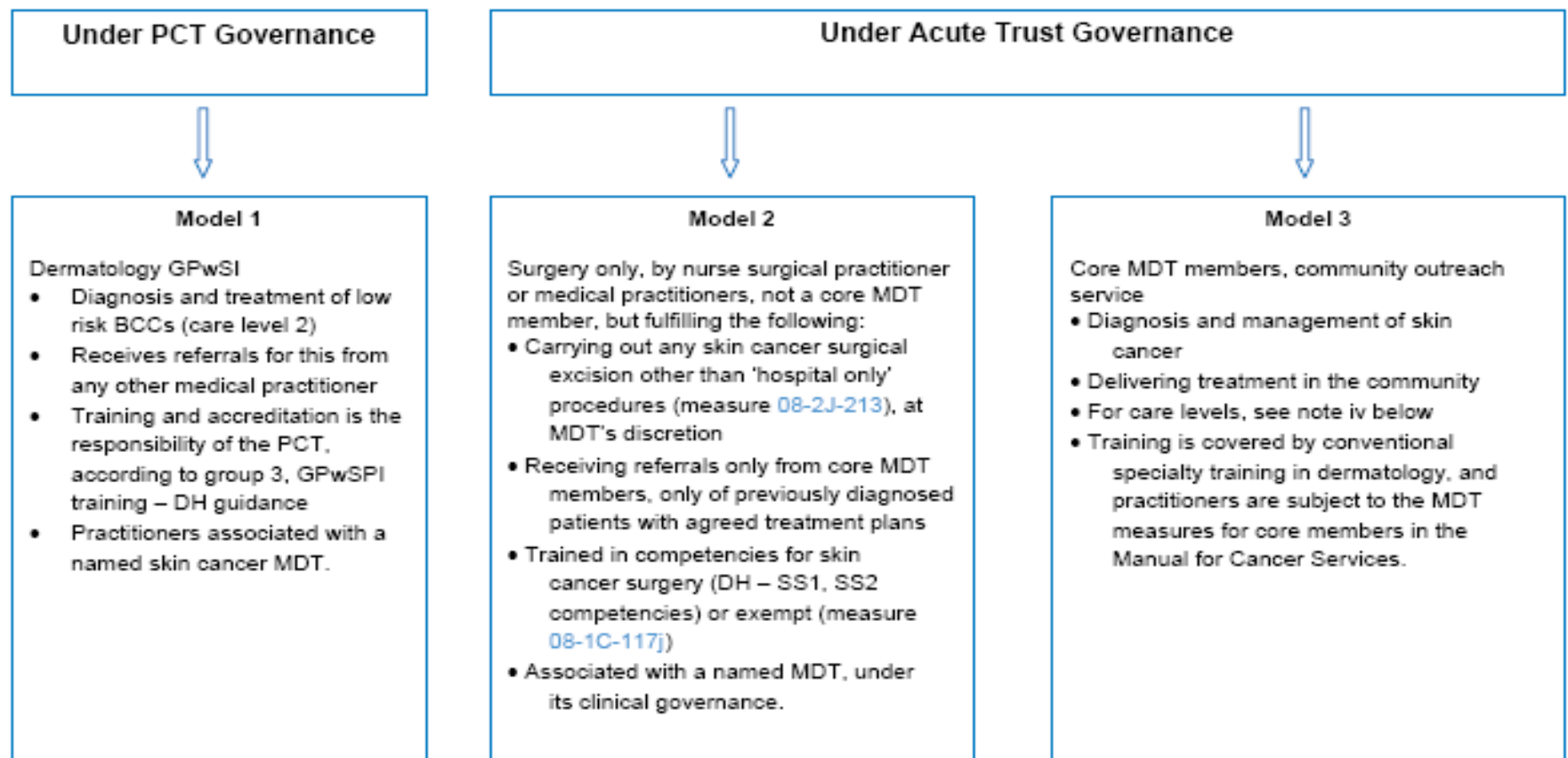


Surgery by
specialist nurse

Manual for Cancer Services 2008: skin measures

Pages 28 and 29

Figure 2 - Acceptable Models for the Management of Skin Cancer in the Community



What about all the BCCs?

- NW Herts 12 months data, 716 BCCs removed
- 159 removed in GP surgeries (22% total)
- 54 removed by one GPwSI
- 20 and 22 removed by non-GPwSIs
- 63 removed by 27 GPs, 24 of the GPs removing 5 or less per year
- Impact of NICE guidance: between 63 and 105 extra cases per year, 2 per week

And finally.....skin lesions and skin surgery

- MUST link skin surgery to skin lesion models
- Take account of low priority frameworks
- Plan cancer pathways
- Rapid access skin lesion diagnostic services
- 2008 commissioning guidance





"When we get bad news here it's our policy to shoot the messenger."

“When we get bad news here it’s our policy to shoot the messenger.”

Dermatology Skills and Treatment: stand alone modules, short courses, MSc

- Surgical skills
- Chronic skin diseases
- Skin lesions
- Mind and Skin
- Classroom teaching, supervised practice, formal assessment
- Multi-professional learning



<http://www.herts.ac.uk/courses/Dermatology-Skills-and-Treatment.cfm> or
Further details contact j.k.schofield@herts.ac.uk or m.flanagan@herts.ac.uk

j.kschofield@herts.c.uk