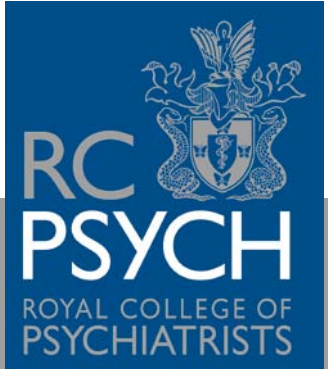


CRI73



Royal College of
General Practitioners

Delivering quality care for drug and alcohol users: the roles and competencies of doctors

A guide for commissioners, providers
and clinicians

September 2012

COLLEGE REPORT

Delivering quality care for drug and alcohol users: the roles and competencies of doctors

A guide for commissioners, providers and clinicians

College Report CR173
September 2012

Royal College of Psychiatrists and
Royal College of General Practitioners
London

Approved by Central Policy Committee: March 2012

Due for review: 2022 (currency period extended in 2017)

© 2012 Royal College of Psychiatrists

College Reports constitute College policy. They have been sanctioned by the College via the Central Policy Committee (CPC).

For full details of reports available and how to obtain them, contact the Book Sales Assistant at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (tel. 020 7235 2351; fax 020 7245 1231) or visit the College website at <http://www.rcpsych.ac.uk/publications/collegereports.aspx>

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

DISCLAIMER

This guidance (as updated from time to time) is for use by members of the Royal College of Psychiatrists. It sets out guidance, principles and specific recommendations that, in the view of the College, should be followed by members. None the less, members remain responsible for regulating their own conduct in relation to the subject matter of the guidance. Accordingly, to the extent permitted by applicable law, the College excludes all liability of any kind arising as a consequence, directly or indirectly, of the member either following or failing to follow the guidance.

Contents

Working Group	4
Foreword	6
Executive summary	7
Introduction: aims and structure of this report	9
1 The diversity of doctors working with drug and alcohol users	10
2 Roles and responsibilities of doctors working with drug and alcohol users	15
3 The three levels of competency for doctors working with drug and alcohol users	19
4 Training, qualifications and supervision arrangements for doctors working with drug and alcohol users	25
5 Principles for service design	31
References	33
Further reading	34

Working Group

CHAIR

Dr Emily Finch Clinical Director, Addictions Clinical Academic Group, South London and Maudsley NHS Foundation Trust

MEMBERS

Dr Owen Bowden-Jones Consultant Psychiatrist, Addictions Directorate, Central and North West London NHS Foundation Trust; Honorary Senior Lecturer, Imperial College London; Chair, Faculty of Addictions, Royal College of Psychiatrists

Dr Steve Brinksman Specialist GP in Substance Misuse, South Birmingham; Royal College of General Practitioners Regional Lead in Substance Misuse for the West Midlands

Professor Colin Drummond Professor of Addiction Psychiatry, Addictions Clinical Academic Group, National Addiction Centre, Institute of Psychiatry, King's College London, and South London and Maudsley NHS Foundation Trust

Dr Chris Ford Specialist GP in Substance Misuse, Brent, London; Clinical Director of Substance Misuse Management in General Practice

Dr Linda Harris Clinical Director, Royal College of General Practitioners Substance Misuse and Associated Health

Dr Jeremy Thompson Service Clinical Director, Leeds and Hull Drug Services, St Martins Healthcare Services

OBSERVERS

Mr Pete Burkinshaw

Skills and Development Manager, National
Treatment Agency for Substance Misuse

Dr Mark Prunty

Senior Medical Officer, Department of Health

SERVICE USERS CONSULTED

Ms Diane Goslar

Mr John Howard

Mr Michael Osborne

Foreword

Since the previous edition of this document was published in 2005, there have been major changes affecting both the commissioning and provision of services for people who use drugs and alcohol. There has been a growing emphasis on recovery, with provision increasingly oriented towards outcome measurement and third sector involvement. Drug and alcohol treatment has a very significant place within the evolving new arrangements for improving public health. All of this is taking place in the context of the wider health reforms in the Health and Social Care Act 2012.

At the same time, the profile of drug use has changed. Heroin and cocaine use is stable or in decline, whereas new drugs such as 'legal highs' are emerging. Increasing numbers of young people are using alcohol and stimulants, and long-term drug and alcohol use by older people is becoming more significant.

It is therefore timely to look again at the roles, responsibilities and competencies of the various types of doctors involved in helping people recover from drug and alcohol use. We hope that this document – which constitutes official guidance from both the Royal Colleges involved – will help commissioners, providers, regulators, policy makers, doctors and those seeking recovery from drug or alcohol use to ensure that drug and alcohol services make the best use of resources to deliver the highest possible standard of care across the entire pathway.

Professor Sue Bailey
President
Royal College of Psychiatrists

Dr Clare Gerada
Chair
Royal College of General Practitioners

Executive summary

- Medical treatment is an essential part of recovery for many people and recovery values and principles have an important place in medical practice. All doctors may be involved in caring for those recovering from drug or alcohol use, but for some patients with more complex problems, doctors with more specialist skills and competencies are needed. The treatment of disorders related to drug and alcohol use is an internationally recognised area of medical specialism.
- Doctors working to support recovery come from a variety of backgrounds (usually psychiatry and general practice), and have a range of different qualifications and specialist competencies. To satisfy regulatory requirements from the Care Quality Commission (CQC) and the General Medical Council (GMC) (see Box 2 on p. 13 and Box 3 on p. 14), to ensure the best outcomes for patients and to manage risk, doctors' competencies need to match their roles.
- Specialist doctors are needed to treat the most complex patients, and also have key roles in clinical leadership – which comprises clinical governance and innovation, supervision, appraisal and training, and leading service development.
- The Working Group has identified three levels of competency for doctors caring for people using drugs or alcohol: generalist (e.g. doctors in emergency departments, general practitioners (GPs) working in general practice); intermediate (e.g. GPs with a special clinical interest (GPSIs)); and specialist (e.g. addiction psychiatrists). The competencies at each level are described in detail in Chapter 3 and summarised in Table 1 on pp. 22–24, with higher levels of specialist competency needed to treat those with complex needs and to take clinical leadership roles.
- The specialist training for doctors working with drug and alcohol users with the greatest complexity of needs is a GMC-endorsed training in addictions psychiatry (formally known as substance misuse psychiatry, a subspecialty of general psychiatry). The Working Group recognises that some GPs specialising in working with this patient group have, through their continuing professional development (CPD), achieved competencies which are broadly equivalent to this. Table 2 on p. 30 summarises the Working Group's recommendations on the qualifications, training and experience required for safe and effective care at each level of competency.
- The Working Group supports a proposal by the Royal College of General Practitioners (RCGP) by which doctors following an agreed programme

of qualifications and experience, and who reach competencies described earlier, could be approved by the RCGP as 'primary care specialists in substance misuse'.

- Certificated, quality assured training is provided by RCGP, leading to competencies in a range of areas which are appropriate for intermediate doctors.
- The Working Group has set out principles for commissioning (see Chapter 5) which show how high-quality and cost-effective services will need to employ doctors at all levels of competency. This will require employing specialists (either addiction psychiatrists, specialist GPs or both), who have all the competencies set out in Table 1.

Introduction: aims and structure of this report

This report aims to help commissioners, providers, regulators, policy makers, doctors and those seeking recovery from drug or alcohol use to ensure that all doctors working with people using drugs and alcohol have the right level of competency for the roles and responsibilities they undertake.

Chapter 1 describes the recovery context, the range of doctors working with drug and alcohol users, and the regulatory requirements regarding their roles and competencies.

Chapter 2 delineates the main distinctive roles and responsibilities carried out by doctors working with drug and alcohol users, and outlines their importance in delivering high-quality, effective care and support.

Chapter 3 defines three levels of competency for doctors in this field – specialist, intermediate and generalist – based on these roles and responsibilities. It also gives examples of the background and training of the kinds of doctors usually found working at each of these levels of competency in practice.

Chapter 4 provides further information on the training, qualifications and supervision arrangements currently available for doctors in this field. It sets out the Working Group's recommendations for the training, qualifications and supervision requirements that should be expected of doctors at each level of competency. The Working Group expects that following these recommendations should normally be sufficient to ensure that regulatory requirements are met.

Chapter 5 uses the roles, responsibilities and competencies of doctors in this field to propose a number of broad principles for commissioning drug and alcohol services.

1 The diversity of doctors working with drug and alcohol users

THE CONTEXT: RECOVERY

The UK government's 2010 drugs strategy (HM Government, 2010) sets out a vision for integrated drug and alcohol services oriented towards recovery, which it characterises in terms of well-being, citizenship and freedom from dependence, and as an 'individual, person-centred journey'.

Current thinking on recovery emphasises that freedom from dependence is closely associated not only with better mental and physical health, but also with a range of other positive outcomes such as gaining employment, living in suitable accommodation, a reduction in criminal activity, an improvement in relationships and a fuller participation in the community. Recovery-oriented services therefore need to attend to each individual's needs in all areas of their life, in a coordinated way, adopting a 'whole systems' approach.

To support recovery, services need to offer a broad range of interventions. No one professional can expect to meet all the recovery needs of any of the people they work with; but they will be expected to work collaboratively as part of an interdisciplinary team or network that can. It is within this context that doctors can play their part in building recovery in communities, providing a range of interventions including psychosocial approaches, harm reduction, addictions-specific prescribing and medically assisted recovery.

Recovery values and principles already have an important place in medical practice, and most doctors who work mainly with drug and alcohol users will be familiar with them (Box 1). Doctors are well placed to champion recovery and play a leadership role in instilling hope and ambition, both in those they support and in the professionals with whom they collaborate across a range of services.

DRUG AND ALCOHOL DISORDERS AS A MEDICAL SPECIALISM

People using drugs and alcohol present a wide variety of issues with different degrees of severity and complexity. For many, their needs can be addressed by any doctor. But for some, safe and effective medical care will require the involvement of more expert doctors who have acquired additional skills, knowledge and experience for working with more severe and complex, and high-risk, cases.

Box 1 'RECOVERY' AND MEDICAL PRACTICE

The values and principles of a recovery approach are broadly consonant with recognised medical best practice.

In the field of psychiatry, for example, 'recovery' has been defined as comprising hope, agency and opportunity, demanding a clinical approach that 'looks beyond clinical recovery' and considers treatment in terms of 'the goals and outcomes that matter to the individual service user and their family, i.e. personal Recovery' (South London and Maudsley NHS Foundation Trust & South West London and St George's Mental Health NHS Trust, 2010). All psychiatrists are required to ensure that care planning relates to the 'patient's goals' and 'psychosocial context', and must 'recognise the importance of family and carers' (Royal College of Psychiatrists, 2009).

The Royal College of General Practitioners emphasises that 'holism and patient-centredness are core values of general practice', and these are key domains in its curriculum setting out the required competencies of all general practitioners, along with community orientation and comprehensiveness of approach. With specific regard to working with people who use drugs and alcohol, the curriculum requires an understanding of 'the concept of recovery and the principles of promoting recovery' and 'the impact that social circumstances can have on drug misuse, and that recovery is contingent on the effective management of those social circumstances' (Royal College of General Practitioners, 2007).

The expertise required to support people effectively in such cases derives from an extensive body of research, which is continually evolving to encompass new approaches to medical care, emerging drugs (such as 'legal highs'), and recent medical discoveries on the complex ways in which substances affect the body and mind, as well as developments in related disciplines such as psychology.

For these reasons, 'disorders relating to substance use' constitute an area of medical specialism. This is recognised in the UK by the GMC in their framework for postgraduate medical training (in that substance misuse psychiatry is a defined subspecialty within general psychiatry), and by similar regulatory authorities in other countries. It is also reflected in the international standard manuals for classifying diseases, in which such disorders are precisely defined diagnoses with clear and specific criteria (World Health Organization, 1992; American Psychiatric Association, 1994).

In addition to supporting people with severe or complex needs, doctors with more expertise in this specialist area will also be able to make a particular contribution to delivering high-quality drug or alcohol services, by providing clinical leadership – leading clinical governance and quality assurance, offering supervision, training and appraisal, leading research, and advising on commissioning decisions.

THE VARIETY OF DOCTORS INVOLVED IN SUPPORTING RECOVERY

Doctors working with people using drug and alcohol vary in how far they have acquired specialist expertise in this area of medicine. They also come from a range of different backgrounds – from different medical disciplines (e.g. general physicians and surgeons, emergency medicine doctors, GPs, psychiatrists, public health doctors), at different stages in their medical training, and with qualifications from different countries. This means that they go by a variety of different names and designations. It is possible to identify at least 13 categories of doctors working in this field (the previous edition of this report identified 13 categories, and it would be possible to subdivide some of these further).

Such diversity is to be welcomed. However, there is no single accreditation framework in the UK that applies to all doctors working with drug and alcohol users, whatever their background. This can make it difficult for commissioners, providers and medical professionals to be clear which doctors are appropriate for which roles and responsibilities. Significant differences between different doctors may not be readily apparent. Equally, commonalities between doctors of different backgrounds may be obscured. For example, although the most specialist medical professionals in this field are typically addiction psychiatrists, there are now some GPs who have acquired an equivalent level of competence and expertise, and an official accreditation framework is currently under development to demonstrate this (see p. 26).

THE IMPORTANCE OF ALIGNING ROLES WITH COMPETENCIES

It is important that any doctor's levels of specialist competency is well matched to the roles and responsibilities of the job they undertake, for the following reasons.

1. REGULATORY REQUIREMENTS

There are legal and regulatory requirements on both provider organisations and doctors which make an appropriate matching of roles and competencies mandatory. The Care Quality Commission (2010) requires that all providers – the National Health Service (NHS), private and third sector alike – ensure that staff are 'properly qualified' (or equivalent requirements in Scotland, Wales and Northern Ireland), and the General Medical Council (2006) requires that doctors work 'within the limits of their competence' and provide 'effective treatments based on the best available evidence'. Further details are set out in Box 2 and Box 3. Commissioners and providers will wish to ensure that these requirements, as a bare minimum, are met in services for which they are responsible, and this report is intended to provide a clearer basis on which to judge whether they are being met.

Box 2 REGULATORY REQUIREMENTS ON DOCTORS AND THE ROLE OF RESPONSIBLE OFFICERS

All doctors who practise medicine in the UK must be registered with the GMC and hold a licence to practise. To be appointed as a consultant in the NHS, they have to be on the GMC's Specialist Register; to work in general practice in the NHS – other than as a trainee doctor, e.g. GP registrar – they have to be on the GMC's GP Register.

The GMC is currently implementing a process of revalidation, under which a doctor's licence to practise, and entry on the Specialist or GP Register, will be reviewed every 5 years. As of 1 January 2011, healthcare provider organisations have been required to appoint a responsible officer, whose role includes making a recommendation to the GMC on the fitness to practise of doctors within the organisation.

Revalidation will be dependent on appraisal against standards developed by the GMC and medical Royal Colleges and Faculties, based on the *Good Medical Practice* framework (General Medical Council, 2006). These include the stipulation that doctors:

- 'Recognise and work within the limits of their competence'
- 'Provide effective treatments based on the best available evidence'.

This means that all doctors working with drug and alcohol users will need to ensure that they have an appropriate level of training and experience to carry out the roles and responsibilities they undertake, and responsible officers will wish to verify this for doctors in their organisation.

GMC, General Medical Council; GP, general practitioner; NHS, National Health Service.

2. QUALITY AND OUTCOMES

Commissioning of drug and alcohol services is increasingly being geared towards the achievement of positive outcomes. This will inevitably mean that some doctors will need to take on responsibilities for supporting people with severe and complex needs, and for clinical leadership within their service. They will only be able to do this effectively if they are equipped with the right level of qualifications, skills and experience.

3. COST-EFFECTIVENESS

Equally, whereas some people seeking recovery will require more specialist medical attention, others may only need support from a more generalist doctor. Cost-effective recovery services will ensure that more specialist doctors are only employed in roles where their skills are most needed.

4. RISK

People using drugs and alcohol can experience a range of problems that can result in harm not only to themselves, but also to those around them – their children and families, their communities. Good-quality medical treatment can be an important part of managing these risks. Medical responsibility for assessing risk, and working with the people concerned to decide on appropriate action, will need to rest with doctors who have adequate qualifications, skills and experience, to ensure the safety of all concerned.

Box 3 REGULATORY REQUIREMENTS ON PROVIDERS AND THE ROLE OF ACCOUNTABLE OFFICERS

Since 1 October 2010, all healthcare and adult social care services in England have been legally required to meet a set of essential standards for quality and safety. They must also be registered with the Care Quality Commission, which monitors whether the essential standards are being met, and can take enforcement action where necessary. The requirements apply to both National Health Service (NHS) and independent sector (private and voluntary sector) providers, and were extended to cover providers whose sole or main purpose is NHS primary medical services from 1 April 2012. The provision of accommodation for people who require treatment for substance misuse is explicitly included in the relevant legislation (Health and Social Care Act 2008 Regulated Activities (Regulations) 2010) as a regulated activity, as well as the treatment of disease.

One of the essential standards is that 'You should expect to be cared for by staff with the right skills to do their jobs properly', such that:

- 'Your health and welfare needs are met by staff who are properly qualified.
- There will always be enough members of staff available to keep you safe and meet your health and welfare needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.' (www.cqc.org.uk/public/what-are-standards/government-standards).
- More specifically, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requires that employees have 'the qualifications, skills and experience which are necessary for the work to be performed' (Regulation 21, Outcome 12) (Care Quality Commission, 2010).

Under regulations governing the management of controlled drugs, NHS trusts and independent sector hospitals must appoint an accountable officer to be responsible for the safe management and use of controlled drugs in their organisation. To support people in recovery, doctors may need to prescribe controlled drugs in ways that should come to the attention of an accountable officer – for example, prescribing high doses outside usual recommended guidelines, off-licence uses of drugs, or prescribing injectable drugs. Accountable officers will wish to ensure that doctors doing this have sufficient specialist training and experience.

2 Roles and responsibilities of doctors working with drug and alcohol users

The roles and responsibilities of doctors supporting recovery can be divided into two main domains:

- supporting people to recover, and
- clinical leadership to ensure delivery of the best outcomes.

Any commissioner or provider of recovery services will need to ensure that all of these roles and responsibilities are adequately carried out (Chapter 5 sets out some proposed principles for commissioning derived from these roles and responsibilities).

SUPPORTING PEOPLE TO RECOVER

Supporting people to recover can be broken down into four areas:

- advice and information
- identification and diagnosis
- assessment and recovery care planning, and
- providing support, care and medical treatment, including harm reduction measures.

Some people using drugs and alcohol present with more severe and complex needs which necessitate attention by more specialist doctors (Box 4). These different levels of need are one of the main factors determining the level of competence of the doctors that should be involved in their care.

ADVICE AND INFORMATION

All doctors can provide information, although only intermediate and specialist doctors (defined in Chapter 3) can advise on specific interventions and develop specific educational materials.

Box 4 DEFINING SEVERE AND COMPLEX NEEDS

It is not easy to give a definition of what constitutes 'severe' or 'complex', because how individuals respond to different conditions and circumstances can vary widely. A person's level or complexity of need is likely to be greater if they are having difficulty engaging consistently with services or following their chosen recovery care plan, are exhibiting challenging behaviour, or are facing other relevant social and psychological issues such as a lack of emotional stability and support, homelessness or involvement in commercial sex work.

Other factors are likely to include, for example:

- difficulty in making a diagnosis
- the use of multiple substances or high levels of use
- physical health complications (e.g. alcohol-related liver problems, complications arising from injecting, e.g. blood-borne viruses, as well as unrelated or underlying conditions)
- presence or suspicion of a mental illness, behavioural or personality disorder
- pregnancy
- significant level of risk to self or others
- significant forensic history
- complex issues relating to children or family/carers.

IDENTIFICATION AND DIAGNOSIS

All doctors can identify individuals using drugs and alcohol, and can diagnose substance use disorders, but intermediate and specialist doctors can advise on referral pathways. Specialists are needed to advise on which diagnostic tools are to be deployed and how they should be interpreted to set recovery goals.

ASSESSMENT AND RECOVERY CARE PLANNING

All doctors can carry out a basic assessment, including a risk assessment, and refer on where needed. Comprehensive assessments and recovery care planning can be carried out by intermediate or specialist doctors. For patients with complex needs or those with severe problems (Box 4), specialists are needed.

PROVIDING SUPPORT, CARE AND MEDICAL TREATMENT

All doctors can provide simple detoxification treatments and opiate substitution for patients with non-complex needs. Patients with more complex needs or with severe problems will need to be treated by intermediate or specialist doctors. Specialists treat patients with the most complex and severe problems, manage complex prescribing, work with acute hospital and psychiatric liaison services and design innovative treatments and treatments for emerging drugs of misuse.

CLINICAL LEADERSHIP

Clinical leadership can be broken down into three areas:

- leading clinical governance and innovation
- supervision, appraisal and training, and
- leading service development to improve outcomes for patients.

LEADING CLINICAL GOVERNANCE AND INNOVATION

Clinical governance is the systematic assurance and improvement of quality, safety and effectiveness of care. It is a statutory or contractual requirement on the vast majority of drug and alcohol services and is best practice for all; it has been emphasised as an area for attention and improvement in recent years (National Treatment Agency for Substance Misuse, 2009). Providers need to have adequate systems of clinical governance in place to ensure they meet CQC standards.

A central aspect of clinical governance is ensuring that local practice adheres to national guidelines and best practice, based on research evidence. At the same time, clinical leadership also involves innovative practice and properly managed research to identify further improvements in quality, productivity and outcomes.

SUPERVISION, APPRAISAL AND TRAINING

To be able to provide safe and effective care, doctors and other healthcare professionals need access to supervision, which includes advice, mentoring and support as well as, where appropriate, oversight. Ensuring that adequate supervision arrangements are in place is an important aspect of clinical governance (National Treatment Agency for Substance Misuse, 2009) which any provider will need to consider. So too is more formal appraisal, and provision of access to CPD activities – and these are also a requirement of revalidation for doctors. Since 1 January 2011, healthcare providers have been legally required to appoint a responsible officer, part of whose role is to ensure that doctors are properly supported and managed in sustaining, and where necessary raising, their professional standards (Department of Health, 2010).

Moreover, an appropriate and creative use of supervision and support arrangements allows services to make optimal use of their resources. Generalist doctors can take on more complex cases if – and only if – they have access to supervision from more specialist colleagues. Supervision structures can cross both geographic and disciplinary boundaries – so, for example, a consultant addictions psychiatrist could supervise a GP with a special interest in substance misuse working in their area. (However, training-grade practitioners will normally need to be supervised by practitioners from the same discipline.) More specialist doctors have a responsibility to supervise professionals from other disciplines, such as nurses or drugs workers in prescribing services. Clinical networks (Box 5) are an important way of providing supervision efficiently in this flexible way.

Providing supervision and training to less experienced colleagues contributes to the quality, effectiveness and safety of care not only in the present, but also for the future, and represents an essential investment in the skills and capacity of recovery services locally and nationally.

Box 5 CLINICAL NETWORKS

Clinical networks involve several agencies working together to provide a person with optimal care and support, usually using a care pathway model to map their recovery journey across agencies. They provide a way for commissioners to assemble coordinated systems for supporting drug and alcohol recovery including generalist through intermediate and up to specialist (high-intensity) care in integrated care pathways, using appropriately competent doctors. They are called by different names in different areas, and may work within a variety of contractual arrangements. The agencies may share clinical policies, clinical governance and information systems, and they need to have a clear idea of their role and where the strengths and weaknesses of each agency lie. Addiction psychiatrists and primary care specialists are in an excellent position to work across these networks and take a leading role defining the care pathways and building relationships, and in working with commissioners to design the system.

LEADING SERVICE DEVELOPMENT

Doctors have a crucial role to play in providing support, advice and ideas to service managers, commissioners and policy makers, both within their own service and more widely. The move to extensive commissioning by clinical commissioning groups, and the new role of local authorities and directors of public health in the commissioning of drug and alcohol services, underlines the potential significance of active clinical leadership from suitably qualified doctors. All doctors can actively support local service provision. But more specialist doctors, with their in-depth knowledge of national clinical standards and guidance, have a responsibility to be closely involved in the full range of key management decisions on service design and development. They will also usually be invaluable in commissioning processes – from making valid assessments of need, through to setting and monitoring appropriate service standards.

3 The three levels of competency for doctors working with drug and alcohol users

Table 1 at the end of this chapter sets out the Working Group's definition of the three levels of competency. The definition is based on an analysis of the roles and responsibilities that doctors at each level may, in the Working Group's view, be expected to carry out. This analysis is a development and update of work originally carried out for the previous edition of this guidance.

The following paragraphs summarise that table, and also outline, for each level of competency, the professional background, training and qualifications of doctors generally found at that level. Chapter 4 describes the current qualifications framework for doctors in this field in more detail.

SPECIALIST

SUPPORTING PEOPLE TO RECOVER

Specialist doctors will be able to work with people with the most severe and complex needs. Working with them and with other doctors and professionals, they will be able to lead on planning and delivering support and medical treatment towards their recovery. Examples of particular roles include:

- providing expert advice to other doctors on diagnosis, assessment and recovery care planning, for example on complex drug interactions, comorbid drug-related physical and mental health issues, and integration of psychosocial and medical treatment;
- accepting referrals of people with the most severe or complex needs;
- expert oversight of provision of psychosocial support, based on comprehensive knowledge of research evidence;
- leading introduction of innovative interventions to improve outcomes and quality of provision;
- complex prescribing, for example injectable opioid substitution treatments (which also requires a license for some treatments);
- providing liaison drug and alcohol services in acute medical and psychiatric settings and expert advice to courts;
- providing expert advice to accountable officers and responsible officers.

CLINICAL LEADERSHIP

The clinical leadership of specialist drug and alcohol services, including in-patient facilities, is a key role for specialist doctors. They take responsibility for leading on all aspects of clinical governance and quality assurance in line with the requirements of the designated monitoring bodies, including clinical effectiveness and patient safety across services in their area. They act as advisors on commissioning and implementation of policy through their input into local structures. They also champion and lead research and innovation to develop new clinical guidance and service protocols, both at local and national level. They will be able to provide supervision, appraisal and training to doctors at all levels of competency.

EXAMPLES OF SPECIALIST DOCTORS

Addiction psychiatrists have the most comprehensive range of competencies regarding substance use disorders including complex prescribing regimens, co-existing mental illness and advice to courts in family and criminal matters. Specialist GPs will have comprehensive competencies regarding substance use disorders and the most comprehensive range of competencies around the physical consequences of substance misuse, including older drug users, and the management of co-existing physical health disorders (e.g. chronic liver failure).

INTERMEDIATE

SUPPORTING PEOPLE TO RECOVER

Intermediate-level doctors will be able to make a full assessment of strengths, risk, harm and urgency for people with more severe or complex needs, and to work with them to formulate, initiate and monitor medical care in support of their recovery goals. This includes both the delivery of psychosocial interventions and prescribing most pharmacological treatments, as well as advising on harm reduction. They will be able to work with people to help them address any mental health problems or other physical health issues, drawing on support and supervision from specialists as appropriate. They will be aware of local protocols on provision of care to people with a mental illness using drugs and alcohol, and will be able to ensure appropriate, coordinated care is provided by relevant services.

CLINICAL LEADERSHIP

Intermediate-level doctors will have the specialist expertise to be able to lead on aspects of clinical governance in drug and alcohol services, including clinical audit. They will be able to work in partnership with other agencies to ensure that there is a full range of recovery options available locally, including both abstinence-oriented and harm reduction interventions. They will be able to provide supervision and training to generalists, trainees and other healthcare professionals working in the field. They will be able to make a substantial contribution to service management, including by advocating for service users and promoting their involvement.

EXAMPLES OF INTERMEDIATE DOCTORS

This group mainly comprises GPs who have additional qualifications, skills and experience in working with drug and alcohol users as set out in Chapter 4, especially GPs with a special interest (GPSIs) in substance misuse. Such GPs supplement their core generalist role by delivering additional services in their area of special interest, and will have demonstrated appropriate skills and competencies to do so with a substantial degree of independence. (For further information about GPSIs, see Department of Health, 2007. The role of GPSIs in all specialist areas may change in the light of ongoing healthcare reforms.) In addition to their main general practice role, GPSIs in substance misuse typically have one or more sessions a week working specifically with people using substances. They may take on some clinical leadership roles.

All psychiatrists develop competencies in the treatment of addictions as part of their core training. They will generally have some level of experience of working with users of alcohol and other drugs, depending on the setting and local area in which they work. Some develop extensive experience and/or a clinical interest in this area, even if their original training was not in addictions psychiatry, and they would be included in the intermediate level. There is also a small number of other doctors with a similar level of expertise in this area from other backgrounds.

Intermediate-level doctors also include specialty doctors (previously known as staff grades and associate specialist doctors). These are doctors who have completed some of the training for specialist level doctors (usually in addictions psychiatry), but not yet qualified at specialist level. They should be working within a treatment system where there is access to a qualified specialist.

GENERALIST

SUPPORTING PEOPLE TO RECOVER

All doctors supporting drug and alcohol users should be able to identify people whose use of drugs or alcohol may pose a risk to their own, or others', health and well-being, including that of children, through safeguarding issues; make an assessment of their needs and risks; and correctly diagnose substance use disorders. They should be able to provide the person and their family/carers with advice and information to support and motivate them in pursuing recovery, referring them to more specialist services if necessary, as well as helping them manage their general mental and physical health in liaison with other professionals. They will be able to prescribe medication, including opioid substitution therapy, only in uncomplicated cases. Psychiatrists working at generalist level will also be able to implement mental health legislation, and to lead on supporting their own patients who are using drugs or alcohol and also have a mental illness, referring to more specialist help when needed.

CLINICAL LEADERSHIP

Generalists will not usually be in a position to lead drug and alcohol services, although all doctors are expected to participate actively in clinical governance activities – for example, GPs participating in an annual audit of uptake of vaccinations for blood-borne viruses.

EXAMPLES OF GENERALIST DOCTORS

This group includes a wide variety of doctors in a range of settings who may treat or support drug and alcohol users – for example, doctors in emergency departments, GPs, physicians specialising in liver disease, or general psychiatrists on an acute psychiatric ward.

Table 1 The three levels of competency for doctors working with people using drugs and alcohol. 1 Generalist, 2 Intermediate, 3 Specialist

	1	2	3
Supporting people to recover			
Advice and information			
Provide information and advice on harms and risks to people using drugs and alcohol, their families and carers	✓	✓	✓
Work to reduce stigma faced by people who use drugs or alcohol	✓	✓	✓
Provide advice on medical interventions and treatment to people using drugs and alcohol in support of their recovery needs and goals, and to reduce harm as appropriate		✓	✓
Develop educational materials on drug and alcohol use to support prevention and recovery		✓	✓
Identification and diagnosis			
Correctly identify people using drugs and alcohol and diagnose substance use disorders	✓	✓	✓
Provide support and advice to generalist doctors on identification of substance use disorders and appropriate referral pathways		✓	✓
Provide support and advice to intermediate and generalist doctors on appropriate identification and diagnostic tools and strategies			✓
Assessment and recovery care planning			
Carry out basic assessment of drug and alcohol use, associated strengths, harms, risks, urgency, and need for referral to more specialist services	✓	✓	✓
Carry out risk assessment of suicide and harm to others, and assessment of psychiatric comorbidity, and need for further medical treatment and/or onward referral	✓	✓	✓
Carry out comprehensive assessment of drug and alcohol use, associated strengths, harms, risks, urgency, and need for referral to more specialist services		✓	✓
Work with people with less severe or complex needs to devise and initiate recovery care plan in collaboration with other professionals as appropriate		✓	✓
Carry out comprehensive assessment of people with more severe or complex needs using drugs or alcohol, including strengths, risks, comorbidities, and need for interventions			✓
Advise intermediate and generalist doctors on assessment and recovery care planning			✓
Work with people with the most severe or complex needs to devise and initiate a recovery care plan, drawing on the full range of treatment models and settings, in collaboration with other professionals as appropriate			✓
Providing support, care and medical treatment			
Support people using or recovering from drugs or alcohol use in caring for their general mental and physical health and well-being	✓	✓	✓
Liaise with relevant professionals (including social care, criminal justice, housing, medical, psychiatric, employment professionals)	✓	✓	✓

cont.

Table 1 The three levels of competency for doctors working with people using drugs and alcohol. 1 Generalist, 2 Intermediate, 3 Specialist

	1	2	3
Provide appropriate management of assisted withdrawal where facilities allow	✓	✓	✓
Implement relevant mental health legislation for drug and alcohol users and lead on supporting people with more complex psychiatric comorbidity (psychiatrists only)	✓	✓	✓
Provide appropriate support and interventions for families and carers of people using or recovering from drugs or alcohol use	✓	✓	✓
Prescribe appropriately for people using or recovering from drugs or alcohol, including opioid substitute prescribing and provision of medications to prevent relapse	✓	✓	✓
Address health needs and comorbidities of drug or alcohol users with more severe or complex needs, in collaboration with other professionals		✓	✓
Arrange or provide appropriate psychosocial interventions for people using or recovering from drugs or alcohol		✓	✓
Carry out, with the person receiving support, regular review of recovery care plans		✓	✓
Lead on provision of support and medical treatment for people with the most severe and complex needs			✓
Appropriately prescribe injectable opioid substitution treatments (if licensed) and other complex prescribing (e.g. innovative or off-label uses of medicines)			✓
Provide liaison drug and alcohol services in acute medical and psychiatric settings			✓
Provide expert, specialised support for vulnerable groups of drug and alcohol users, such as young people, homeless people and pregnant women		✓	✓
Provide specialist interventions for new emerging drugs of misuse			✓
Clinical leadership			
Clinical governance and innovation			
Be aware of research and clinical guidelines on drugs and alcohol relevant to clinical role	✓	✓	✓
Participate in research and clinical governance activities, including clinical audit	✓	✓	✓
Lead on aspects of clinical governance, including clinical audit		✓	✓
Provide leadership on all aspects of clinical governance, and take responsibility for ensuring they comply with various national standards			✓
Lead on development of local clinical guidelines and protocols and contribute to national initiatives			✓
Lead research and innovation in treating substance use disorders and supporting drug and alcohol users, to improve services and care			✓
Supervision, appraisal and training			
Provide general training in treating substance use disorders and supporting people using drug and alcohol to generalist doctors and other staff		✓	✓
Provide training for medical undergraduates and postgraduates in treating substance use disorders and supporting people using drug and alcohol		✓	✓
Provide training and supervision for medical trainees and staff in other disciplines ^a in treating substance use disorders and supporting people using drugs and alcohol		✓	✓

cont.

Table 1 The three levels of competency for doctors working with people using drugs and alcohol. 1 Generalist, 2 Intermediate, 3 Specialist

	1	2	3
Supervision, support, training and advice to keyworkers on delivery of psychosocial interventions			✓
Provide support, advice, supervision, mentoring and appraisal to intermediate and generalist doctors in treating substance use disorders and supporting people using drugs and alcohol			✓
Provide supervision for non-medical prescribers		✓	✓
Advise responsible officers on competency issues arising for doctors working with people using drugs and alcohol in the context of revalidation			✓
Advise accountable officers on appropriate uses of relevant controlled drugs			✓
Carry out specialist assessment of fitness to practise for the General Medical Council and other professional organisations, and expert assessment of people using drugs and alcohol in childcare or criminal proceedings			✓
Service development			
Support service provision and development locally	✓	✓	✓
Contribute to service management locally		✓	✓
Champion service user involvement and provide advocacy for service users		✓	✓
Manage specialist in-patient services for people using drugs or alcohol			✓
Provide expert clinical advice on drug and alcohol use to commissioners and providers regarding appropriate service provision and development in line with research and national guidance			✓
Provide expert clinical advice and advocacy on drug and alcohol matters to policy makers nationally			✓
Support medical workforce development locally and nationally			✓

a. Postgraduate medical training is subject to specific requirements relating to trainers, for example psychiatry trainees must be supervised by an appropriately qualified trainer in psychiatry.

4 Training, qualifications and supervision arrangements for doctors working with drug and alcohol users

This chapter provides further information on the training, qualifications and supervision arrangements currently in place for doctors at each of the three levels of competency defined in Chapter 3. It also sets out the Working Group's recommendations for the qualifications it believes are appropriate for each level, and which would normally be sufficient to satisfy regulatory requirements.

TRAINING AND QUALIFICATIONS AVAILABLE FOR DOCTORS WORKING WITH DRUG AND ALCOHOL USERS

BASIC MEDICAL TRAINING

All doctors receive some basic training in identifying, assessing and providing support and medical treatment to people using drugs and alcohol. Competencies in this area are included both in undergraduate medical and foundation year curricula, and also, to varying degrees, in specific GMC-approved specialist training curricula developed by the various medical Royal Colleges and Faculties.

Beyond this, there are two main training and qualification programmes that provide a basis for greater specialist competency in this field: specialist training in addictions psychiatry, and training developed by the RCGP.

SPECIALIST TRAINING IN ADDICTIONS PSYCHIATRY

Any consultant psychiatrist will have been required to complete basic postgraduate medical training and at least a further 6 years' training in psychiatry. This involves passing the Royal College of Psychiatrists' membership examinations, and the curriculum for this, approved by the GMC, includes competencies relating to treating individuals who use drugs or alcohol. All consultants are experienced, senior doctors (Box 6).

Substance misuse is also recognised by the GMC as a specialist area of psychiatry (technically, a subspecialty of general psychiatry), and

Box 6 THE ROLE OF CONSULTANTS

'Consultants should work as some of the most senior doctors in the NHS, and job planning should support and enable this. Consultants accept ultimate responsibility for and delivery of expert clinical care, usually within a team. This includes diagnosis and management of complex cases and spending time and effort reflecting on and reviewing patient care activities so that quality and safety improve continuously' (British Medical Association & NHS Employers, 2011: p. 3)

fully qualified psychiatrists who have specialised in this area can obtain a corresponding 'endorsement' on the GMC's Specialist Register. This requires at least a year in full-time supervised practice in a recognised drug and alcohol service as part of advanced-level psychiatric training, and completing the curriculum competencies and assessments as approved by the GMC. Further information and the full curriculum for this training is available at the Royal College of Psychiatrists' website (www.rcpsych.ac.uk/specialtytraining.aspx).

To fulfil the requirements of GMC revalidation, psychiatrists will need to be undergoing annual appraisal which will include consideration of adequacy of their specialist knowledge in the area in which they are working; and to be undertaking annual CPD validated by the Royal College of Psychiatrists, which requires that the CPD is relevant to the psychiatrist's job. The relevant standard in *Good Psychiatric Practice*, against which it is proposed that psychiatrists be assessed as part of the revalidation process, is that 'a psychiatrist must have specialist knowledge of treatment options in the clinical areas within which they are working' (Royal College of Psychiatrists, 2009).

ROYAL COLLEGE OF GENERAL PRACTITIONERS' TRAINING PROGRAMME

The RCGP's Substance Misuse and Associated Health (SMAH) unit has developed a portfolio of certificated training programmes for doctors and other health professionals:

- Certificate in the Harm Reduction, Health, Recovery and Well Being for Substance Misusers
- Certificate in the Management of Drug Misuse (Parts 1 and 2)
- Certificate in the Management of Alcohol Problems in Primary Care
- Certificate in the Detection, Diagnosis and Management of Hepatitis B and C in Primary Care.

Although these courses do not in themselves involve ongoing supervision arrangements following completion, specialist supervision arrangements and requirements do exist for GPs working with drug and alcohol users (Box 7), and supervision is a requirement for those contracted as GPSIs. Clinical supervision and specialist appraisal is actively encouraged by the RCGP, and the SMAH unit can offer guidance and practical support in this respect.

This suite of training programmes is currently undergoing further development, which is due for completion by the end of March 2013. It is proposed that uncertificated introductory modules be introduced, and that the certificates be available at two levels. Level 1 would require a mixture of e-learning modules and/or attendance at a training day. Level 2 would involve a much more extensive learning programme, including study and written work, as well as work-based reflective learning, with assessment by an RCGP Assessment Board. The certificated training programmes would form the basis of a proposed new approval process for doctors working in primary care as specialists in supporting drug and alcohol users (Box 8).

The latest information about these courses is available at the RCGP website (www.rcgp.org.uk/substance_misuse.aspx).

Box 7 SUPERVISION FOR SPECIALIST AND INTERMEDIATE GPs WORKING WITH DRUG AND ALCOHOL USERS

Under the GP general medical services contract, doctors are contracted to carry out specific duties. Arrangements for a full-time (or substantial part-time) post for a GP employed to work with drug and alcohol users (e.g. a GP with a special interest) must allocate time for training and CPD, set up an appraisal system, and outline support and resources available. The RCGP's regional leads for substance misuse are senior practitioners in addiction medicine from a primary care background. They are appointed through the RCGP's Substance Misuse and Associated Health Unit to support education, training and governance for GPs with a special interest in substance misuse in primary care. These regional leads receive training and are a resource to provide supervision and appraisal for GPs who are unable to access supervision or support locally. Other sources of supervision are through local addiction specialists.

CPD, continuing professional development; GP, general practitioner; RCGP, Royal College of General Practitioners.

Box 8 PROPOSED APPROVED PRIMARY CARE SPECIALISTS IN SUBSTANCE MISUSE

The RCGP is currently developing a process to approve doctors working in primary care as specialists in supporting drug and alcohol users. These 'approved primary care specialist doctors in substance misuse' will be independently assessed by a senior panel of appointed experts from the RCGP's Substance Misuse and Associated Health Unit, service user representatives and members of the RCGP's Professional Development Board. Their approved status will be reviewed every 5 years in line with national revalidation.

RCGP, Royal College of General Practitioners.

RECOMMENDED TRAINING, QUALIFICATIONS AND SUPERVISION FOR THE THREE COMPETENCY LEVELS

The following section, and Table 2, set out the Working Group's recommendations for the training, qualifications and supervision arrangements appropriate for doctors working at the three levels of competency identified in Chapter 3. Supervision is included because, as explained in Chapter 2, regular ongoing supervision and support is an essential part of ensuring safe and effective practice.

The Working Group believes that doctors with the training, qualifications and supervision arrangements set out here for each competency level are likely to be working within their competency, and will normally be able to ensure adequate quality of provision in their service in line with regulatory requirements. Trainee doctors, staff grade and associate specialist doctors should be considered to have satisfied these recommended criteria at each competency level, as long as they are working towards substantive completion of the criteria under the strict supervision of a fully qualified doctor of at least that level, who regulates both their clinical work and their training.

SPECIALIST DOCTORS

All doctors working at specialist level should either:

- be listed on the GMC's Specialist Register as a psychiatrist with an endorsement in substance misuse psychiatry, with the supervision and CPD requirements this entails;
or
- have training, experience and supervision equivalent to this, as certified by the GMC through an appropriate Certificate of Eligibility for Specialist Registration (CESR; for details of CESR for psychiatrists, see www.rcpsych.ac.uk/training/howtoapplyforcesr,cct,cp.aspx);
or
- be listed on the GMC's GP Register and have the following additional training and experience:
 - all the RCGP certificates listed earlier, or equivalent CPD approved by the RCGP SMAH unit; and
 - if possible, a Masters degree or Diploma in addictions; and
 - experience, evidenced in a logbook/portfolio, of front-line specialist work at a senior level and for a substantial length of time, including managing complex cases, working autonomously where necessary and in line with up-to-date best practice; and
 - experience in: medicines management; strategic leadership and management of other clinical staff; supervision, mentorship and appraisal of others; clinical leadership and professional standards; integrated and multi-agency working; local policy and guideline development, audit, risk and incident review; and
 - appropriate ongoing CPD relevant to this field.

INTERMEDIATE DOCTORS

All doctors working at intermediate level should either:

- be listed as a GP on the GMC's GP Register, and
 - have completed the RCGP certificates in Harm Reduction, Health Recovery and Well Being, the Management of Drug Misuse, both Parts 1 and 2; and the RCGP Certificate in the Management of Alcohol Problems in Primary Care; and
 - undertake a specialist peer-led appraisal at least every 2 years to supplement their annual appraisal as a GP; and
 - undertake relevant annual CPD;

or

- be listed on the GMC's Specialist Register as a psychiatrist (but not necessarily with an endorsement in substance misuse), with the CPD and supervision requirements this entails; and
 - have extensive experience of working with people using substances under the supervision of a consultant addictions psychiatrist.

GENERALIST DOCTORS

As already noted, the various medical Royal Colleges and Faculties require different competencies of doctors training in their respective specialties. Colleges also provide various CPD opportunities – for example, the RCGP encourages all GPs to complete its certificates in harm reduction, alcohol management and drug use (Part 1).

A project sponsored by the Academy of Medical Royal Colleges has identified a set of basic, core competencies for all doctors in supporting people using drugs and alcohol at generalist level, and these are now being embedded into the postgraduate curricula of the medical Royal Colleges (Academy of Medical Royal Colleges & Royal College of Psychiatrists, 2012). This will help ensure that every opportunity is taken to provide people with information and motivation to pursue recovery, and reduce the risks of medical complications which can arise from a lack of recognition of patients' drug and alcohol use.

Table 2 Recommended training, qualifications and supervision for the three competency levels

Competency level	Recommended training, qualifications and supervision	Examples of doctors who work at this level
Specialist	<p>Either:</p> <ul style="list-style-type: none"> ▪ Listed on the GMC's Specialist Register as a psychiatrist with an endorsement in substance misuse 	Consultant addictions psychiatrists
	<p>Or:</p> <ul style="list-style-type: none"> ▪ Other training, experience and supervision equivalent to this, as certified by the GMC through an appropriate Certificate of Eligibility for Specialist Registration (CESR) 	Specialist GPs (proposed: approved doctor in substance misuse)
	<p>Or:</p> <ul style="list-style-type: none"> ▪ Completion of RCGP training and evidence of experience (see pp. 26–29) 	Specialists with equivalent overseas qualifications (e.g. Australian addictions medicine specialists), UK-qualified doctors from other medical backgrounds (e.g. public health) who have developed specialist expertise
Intermediate	<p>Either:</p> <ul style="list-style-type: none"> ▪ GP on the GMC's GP Register and ▪ have completed the RCGP Certificates in the Management of Drug Use, both Parts 1 and 2, and the RCGP Certificate in the Management of Alcohol Problems in Primary Care, and ▪ undertake a specialist peer-led appraisal at least every 2 years to supplement their annual appraisal as a GP, and ▪ undertake relevant annual CPD 	GPs with a special interest (GPSIs) in substance misuse
	<p>Or:</p> <ul style="list-style-type: none"> ▪ Listed on the GMC's Specialist Register as a psychiatrist (but not necessarily with an endorsement in substance misuse), and ▪ extensive experience of working with people using substances under the supervision of a consultant addictions psychiatrist 	Psychiatrists whose original training was not in addictions psychiatry, but who have developed a clinical interest in working with people using substances
Generalist	All doctors will have had some basic training in working with people using drugs and alcohol, but an agreed set of core competencies for training in all medical disciplines needs to be developed	Consultants in other areas of psychiatry, including general psychiatrists GPs, who may or may not work with substance misusers under enhanced service arrangements ^a Doctors in emergency departments, acute medical, surgical and psychiatric wards, and general physicians

CPD, continuing professional development; GMC, General Medical Council; GP, general practitioner; RCGP, Royal College of General Practitioners.

a. General practitioners are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called enhanced services.

Note: trainee doctors, specialty doctors (previously staff grades and associate specialist doctors) should be considered to have satisfied these recommended criteria at each competency level, as long as they are working towards substantive completion of the criteria under the strict supervision of a fully qualified doctor of at least that level, who regulates both their clinical work and their training.

5 Principles for service design

'Systems will need a full range of specialist and non-specialist medical competencies. This includes sufficient access to the specialist competencies required to provide direct clinical care for complex clients and provide clinical leadership, development and support for the local treatment system. It will need a workforce able to deliver a full range of evidence-based psychosocial interventions, harm-reduction interventions and effective key working' (National Treatment Agency for Substance Misuse, 2010).

Table 3 (overleaf) uses the roles and responsibilities listed in Chapter 2 and the competency levels defined in Chapter 3 to set out some broad principles for design of drug and alcohol services that may be of use to both commissioners and providers.

The principles suggested by the Working Group are necessarily high-level ones, and their implementation in practice will require a local analysis of epidemiological data, resources and evidence on effective models of care. Nonetheless, they may offer a support for commissioners and providers considering how to deploy doctors of different competency levels and in what proportions, such that all the roles and responsibilities are adequately fulfilled.

A key conclusion emerging from the Working Group's thinking in developing this document is that any local area that delivers a high-quality, cost-effective service that successfully helps people achieve recovery goals will need to employ doctors at all levels of competency – specialist,

intermediate and generalist.

Table 3 Principles for service design

Principle	Comment
1 Clinical governance arrangements in each local area should ensure that all doctors working with drug and alcohol users are working within their competency for the roles they carry out	See Chapter 1 for explanation of why this is important, Chapter 3 for definition of competency level and Chapter 4 for recommended training and qualifications for each competency level
2 Every local drug and alcohol treatment system should have adequate numbers of specialist, intermediate and generalist doctors in the right proportions to ensure a comprehensive and cost-effective service, covered by suitable supervision and clinical governance arrangements	Doctors at all three competency levels are indispensable to a successful treatment system, with distinctive roles to play. With adequate specialist involvement in supervision and clinical governance, generalist and intermediate doctors can support larger numbers of people with more severe and complex needs
3 Anyone using drugs or alcohol should have access to specialist and intermediate doctors, including through a personal consultation, should they need it	It is accepted practice in any area of medicine that patients should have access to an appropriate specialist, and the same principle applies to medical treatment for people recovering from drug and alcohol use. Access to appropriate care should be equally available to all, including those with severe and complex needs
4 Care pathways and protocols should be in place to ensure that people with more severe or complex needs, or at higher risk, should have their case referred for assessment and supervision by specialist and intermediate doctors	Even where the direct involvement of a specialist and intermediate doctor is unnecessary, people should have confidence that those providing their care have access to specialist supervision and advice, and that their case will be referred to a specialist should the need arise
5 Every local drug and alcohol treatment system should have specialist and intermediate doctors involved in its clinical governance arrangements, supervision, appraisal, training, and service development and commissioning processes	Chapter 2 outlines how some specialist-level clinical expertise is likely to be essential in delivering quality assurance and effective clinical governance
6 Sufficient numbers of specialist and intermediate doctors should be employed to allow effective training and research activity to equip the treatment system with the skills and innovative approaches for the future	An element of the financial costs of employing more specialist doctors can be seen as a crucial long-term investment in the treatment system

References

- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders, 4th edn (DSM-IV)*. APA.
- Academy of Medical Royal Colleges & Royal College of Psychiatry (2012) *Alcohol and Other Drugs: Core Medical Competencies. Final Report of the Working Group of the Medical Royal Colleges* (Occasional Paper OP85). Royal College of Psychiatrists.
- British Medical Association & NHS Employers (2011) *A Guide to Consultant Job Planning, Version 1*. BMA, NHS Employers.
- Care Quality Commission (2010) *Essential Standards of Quality and Safety: What Providers Should do to Comply with the Section 20 Regulations of the Health and Social Care Act 2008 (Guidance About Compliance)*. CQC.
- Department of Health (2007) *Implementing Care Closer to Home: Convenient Quality Care for Patients Part 3: The Accreditation of GPs and Pharmacists with Special Interests*. Department of Health.
- Department of Health (2010) *The Role of Responsible Officer: Closing the Gap in Medical Regulation – Responsible Officer Guidance*. Department of Health.
- General Medical Council (2006) *Good Medical Practice*. GMC.
- HM Government (2010) *Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-free Life*. HM Government.
- National Treatment Agency for Substance Misuse (2009) *Clinical Governance in Drug Treatment: A Good Practice Guide for Providers and Commissioners*. NTA (<http://www.nta.nhs.uk/uploads/clinicalgovernance0709.pdf>).
- National Treatment Agency for Substance Misuse (2010) *Building Recovery in Communities: A Consultation for Developing a Recovery-oriented Framework to Replace Models of Care*. NTA (<http://www.nta.nhs.uk/recovery-consultation.aspx>).
- Royal College of General Practitioners (2007) *Being a General Practitioner (Curriculum Statement 1)*. RCGP (http://www.rcgp-curriculum.org.uk/PDF/curr_1_Curriculum_Statement_Being_a_GP.pdf).
- Royal College of Psychiatrists (2009) *Good Psychiatric Practice, 3rd edition* (College Report CR154). Royal College of Psychiatrists.
- South London and Maudsley NHS Foundation Trust & South West London and St George's Mental Health NHS Trust (2010) *Recovery is for All: Hope, Agency and Opportunity in Psychiatry, A Position Statement by Consultant Psychiatrists*. SLAM/SWLSTG.
- World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. WHO.

Further reading

- Department of Health (2007) *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. Department of Health.
- Department of Health (2010) *Transparency in Outcomes: A Framework for the NHS*. Department of Health.
- General Medical Council (2010) *Revalidation, The Way Ahead: Response to Our Revalidation Consultation*. GMC.
- National Treatment Agency for Substance Misuse (2010) *Commissioning for Recovery – Drug Treatment, Reintegration and Recovery in the Community and Prisons: A Guide for Drug Partnerships*. NTA.
- Royal College of General Practitioners (2007) *Good CPD for GPs: A Strategy for Developing the RCGP Managed Continuing Professional Development (CPD) Scheme*. RCGP.
- Royal College of Psychiatrists (2010) *Good Psychiatric Practice: Continuing Professional Development, 2nd edition* (College Report CR157). Royal College of Psychiatrists.
- UK Drug Policy Commission Recovery Consensus Group (2008) *A Vision of Recovery: Policy Report*. UKDPC.

© 2012 Royal College of Psychiatrists and Royal College of General Practitioners

College Reports have been approved by a meeting of the Central Policy Committee of the Royal College of Psychiatrists and constitute College policy until they are revised or withdrawn.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

This report has been endorsed by the Royal College of General Practitioners.

The Royal College of General Practitioners is a registered charity (no. 223106).