



# **Guidance and competences for the provision of services using practitioners with extended roles in allergy**

# Forward

The NHS long term plan supports the delivery of integrated care and the formation of primary care networks. Within those networks practices may choose to offer extended services by a general practitioner (GP) or other members of staff with extended roles. This document is to facilitate that process for allergy.

The European Academy of Allergy and Immunology (EAACI) have recognized the role of allied health professionals and recently published a position paper on the competence of allied health workers in primary care. In order to provide sustainable health services moving forward it is recognized that earlier assessment and support with self-management in primary care can help with improving patient experience and outcomes. The NHSE long-term plan, five year forward plan and Fuller Stocktake report also support this direction of travel. Many GPs are practicing without a national guidance for allergy extended roles and this document aims to standardize the training to support patient safety and quality of services.

During the pandemic the delivery of care has been changed in many areas to include remote consultations by video in both the community and hospital with patients in some areas attending mobile skin prick tests (SPT) units or receiving point of care tests (POCT) by post. Health care professionals (HCP) have the ability of electronic prescribing with delivery of medication or patients picking them up from pharmacy. Signposting to video training has been increased and some areas have started group training online. This is an evolving situation but may change fundamentally the delivery of care with an emphasis on self-management and limited hospital attendance with mainly complex patients and those requiring specialist tests such as challenges and basophil activation tests (BAT) tests and some types of immunotherapy. This will require improved communication and flexibility of services and support groups.

Many GPs are involved in delivering local allergy services around the country and much has been learnt from examples of best practice. All those involved in the delivery of care for patients with allergy problems recognise the need to ensure that GP With Extended Roles (GPwER) also previously known as GP with specialist interest are suitably qualified, with demonstrable competence, training, and experience. These factors underpin the delivery of safe, high-quality care. We also recognise that GPs are expected to manage allergy care as part of their core general practice role and may be interested in this without being formally accredited.

This document describes different models of care and provides information about the training, accreditation, and assessment processes to support the accreditation of GPwERs in allergy care.

Annual membership of the BSACI can be optional. Ideally this could be covered by the relevant commissioning service or employer. Membership of the BSACI is recommended because of the professional support and networking opportunities.

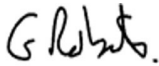
The BSACI are pleased to present this GPwER allergy framework which has been approved by the Royal College of General Practitioners.

The aim of this framework is to ensure high quality care across the system. I hope it supports the wider GP community with an interest and extended roles in allergy to work together and with specialists to deliver quality services.



Dr Elizabeth Angier  
Primary Care Group BSACI

- The British Society of Allergy and Clinical Immunology (BSACI) is delighted that this framework is now in place. It will support primary care colleagues in the community to deliver high quality care for allergy patients, improving care across the health system. The BSACI supports integrated working, and this will help with workforce development, improving networks of care and multidisciplinary working.



Prof. Graham Roberts,  
President BSACI

- “At a time when patients are waiting many months to get an allergy referral to secondary care the opportunity to increase the allergy knowledge, skills and competence of practitioners in primary care will enable allergic patients to receive high quality allergy services in a more timely way closer to home. We look forward to supporting this exciting initiative.”



Simon Williams  
Chief Executive, Anaphylaxis UK

- Allergy UK welcomes this BSACI and RCGP endorsed framework for GPwER to help improve Quality primary care for people presenting with allergic disease. Prompt recognition and correct management has the potential to reduce inappropriate referrals, improve quality of life for people living with allergy and reduce the postcode lottery of access to care. Allergy UK is able to support GPs wishing to extend their allergy knowledge through our masterclasses. We look forward to the results of the pilot phase of the framework.



Amena Warner  
Head of Clinical Services, Allergy UK



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# Introduction

In the UK, the prevalence of common allergic diseases has trebled in the last 20 years to become one of the highest in the world. Recent estimates suggest that over one-third of the population will develop allergic problems at some point in their lives. There are approximately 18 million allergy sufferers in the UK, and they pose a direct cost to the NHS of well in excess of £1 billion/year. There is a major shortage of specialists, and the delivery of services is variable across the country with some areas having long waiting lists. A lack of knowledge and training has been identified in primary care with patient support groups reporting patients are sometimes having difficulty with gaining access to treatment, diagnosis, and referrals. Allergy charity help-lines report being inundated with enquiries. Much of the current provision of alternative and complimentary services is driven by the failure of state funded healthcare.

With correct and full diagnoses, allergic reactions may be avoided resulting in possible long-term benefits, which may in turn save the NHS money through reduced treatment costs and hospital admissions.

An increased number of people are suffering from food allergy, allergic rhinitis and atopic eczema, and new allergies are emerging such as pollen food syndrome and lipid transfer allergy. The involvement of multiple organs is now seen more frequently and the severity of reactions – particularly food allergy – also appears to be increasing in young children.

Recent reports by the Royal College of Physicians, Department of Health, House of Lords and Scottish Medical and Scientific Advisory Committee have all highlighted how NHS services are struggling to cope with the increasing prevalence and complexity of allergic disorders. There is as a result a widely recognised need for improved service delivery in both primary and secondary care.

The majority of GP's with extended roles will be maintaining their core general practice and this is encouraged by the RCGP. Many GP's value the diversity of their practice with being able to develop an interest further whilst maintaining a portfolio career including general GP duties.

Accredited general practitioners with a special interest in allergy care can provide the clinical expertise and skills needed to bring these specialist services closer to the patient's home and potentially reduce the burden on secondary care. By creating competences which can be used to underpin the provision of high-quality allergy services, we could help ensure that care models are developed that facilitates holistic delivery of care in the community. The potential diagnosis of allergic disease has considerable psychological and social impact on the patient. This requires timely and accessible holistic care.

This document provides detailed information to guide accreditors and practitioners towards the type of evidence and competences that may be expected to be seen and tested during an accreditation process in GPwER in allergy.

This guidance, developed with the support of the British Society for Allergy & Clinical Immunology (BSACI) Primary Care Group, relates only to the specific training and accreditation needs of general practitioners seeking accreditation as GPwERs in allergy Care.

The competence framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that GPwERs in allergy care have all the competences listed in this document. These can be divided into essential and desirable depending on the job role. Key core components such as taking an allergy history and the ability to perform and interpret allergy tests would be essential and adult and paediatric work may differ again in the further competence required. Commissioners will need to identify the specific competence (detailed in Chapter 3) required by the practitioner to meet the service

specifications. An appropriate competence framework, related to the job role, would need to be developed.

**Commissioners should note that the training and personal development of GPwERs needs to be ongoing and will require support from specialist practitioners and/or access to relevant peer support.**

This framework does not preclude commissioners from developing specialist services using other practitioners, e.g., nurses, physician associates, pharmacists etc. Competence for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework. Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

## Key references

Fuller Stocktake Report 2022  
The NHS Long Term Plan 2019  
The Five Year Forward View 2014  
The House of Care Kings Fund 2010  
Parliamentary Office of Science and Technology report Childhood Allergies July 2014  
The Royal College of Physicians, Allergy services Still not meeting the unmet need 2010  
*The Royal College of Physicians, Allergy the Unmet Need 2003*  
*The Respiratory Alliance, Bridging the Gap 2003*  
*House of Commons Health Committee, The Provision of Allergy Services 2004*  
*Department of Health A Review of Services for Allergy 2006*  
*Department of Health, White paper, Our Health, Our Care, Our Say 2006*  
*House of Lords Science and Technology Committee Allergy 2007*  
*Darzi, High Quality Care for All 2008*  
*Department of Health, NHS Next Stage Review, A High-Quality Workforce 2008*  
*Department of Health, NHS Next Stage Review, Our Vision for Primary and Community Care 2008*  
*Royal College of General Practitioners, The Future Direction of General Practice: A Roadmap 2007*  
*Royal College of General Practitioners, Primary Care Federations, Putting Patients First 2008*

### **IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF ALLERGY CARE**

Many GPs who do not consider themselves to be special interest or extended role practitioners and are currently providing services within their practice, perhaps acting as the practice lead in allergy care.

This guidance does not wish to undermine these clinicians. It is provided for doctors whose objective is to extend their competences and skills within a formally accredited GPwER framework.

GPs are expected to manage allergy care as part of their core general practice role and may be interested in this without being formally accredited.

# 1. GPwER service provision

## 1.1 Definition of a GPwER

A GPwER supplements their core generalist role by delivering an additional high-quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competence to deliver those services without direct supervision.

## 1.2 Local services that can be provided by a GPwER

The needs of the local population will inform the services to be provided. This fits with the current population health-based models of units of 30-5000 patients in primary care networks. GPwER will form one of a series of integrated options for the delivery of these services. The specific activities of the GPwER will depend on the service configuration and may include providing advice and raising awareness of the primary and community practitioners' role in the prevention, detection, identification, and care of allergic conditions.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways including referrals to secondary care
- Response time
- Communication pathways
- Consent
- Confidentiality and data /information sharing and governance
- Multi-disciplinary working (MDT)
- Caseload / frequency
- Primary care network (PCN) working and population health models

## Examples for a GPwER service in allergy care

The table below gives examples of different types of services that a GPwER could deliver:



<b>Clinical Management</b>	
<ul style="list-style-type: none"> <li>Assess, review and advise on management of those with rhinitis, acute/chronic urticaria, food allergy, venom allergy, drug allergy, anaphylaxis</li> </ul>	
<ul style="list-style-type: none"> <li>Pharmacological management including use of epinephrine auto-injectors, nasal sprays and allergen immunotherapy</li> </ul>	
<ul style="list-style-type: none"> <li>Non-pharmacological management, e.g., allergen avoidance</li> </ul>	
<ul style="list-style-type: none"> <li>Identifying patients at risk of life-threatening allergic events and addressing the needs of vulnerable and disadvantaged groups</li> </ul>	
<ul style="list-style-type: none"> <li>Advice on early weaning</li> </ul>	
<b>Service Development and Leadership</b>	<b>Clinical Services</b>
<ul style="list-style-type: none"> <li>Provide leadership and support for developing allergy services locally</li> </ul>	<ul style="list-style-type: none"> <li>Link with local A/E staff &amp; Consultants to develop pathway for those with anaphylaxis presenting at A/E</li> </ul>
<ul style="list-style-type: none"> <li>Provide leadership for the development and implementation of local allergy guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Link with adult allergist</li> </ul>
<ul style="list-style-type: none"> <li>Lead the development of shared care services for those with allergy</li> </ul>	<ul style="list-style-type: none"> <li>Link with paediatric allergist/dermatologist</li> </ul>
<ul style="list-style-type: none"> <li>Monitoring of quality standards of care (in liaison with the clinical governance lead), benchmarking with other GPwER providers and providing feedback to primary and intermediate care health professionals on quality performance</li> </ul>	<ul style="list-style-type: none"> <li>Link with Immunologist</li> </ul>
<ul style="list-style-type: none"> <li>To lead / advise primary care commissioners on the commissioning of allergy services in a locality PCN or <b>Integrated Care Boards</b></li> </ul>	<ul style="list-style-type: none"> <li>Link with BSACI established adult paed networks</li> </ul>
<ul style="list-style-type: none"> <li>Diagnostic and assessment services allergy testing</li> </ul>	
	<b>Education</b>
	<ul style="list-style-type: none"> <li>Provide support, advice and training for local health professionals involved in the delivery of allergy care</li> </ul>
	<ul style="list-style-type: none"> <li>Provide education and support for local patient groups</li> </ul>
	<ul style="list-style-type: none"> <li>Act as a source of local expertise in prevention, detection and treatment in allergy care for patients, health professionals and health care managers</li> </ul>
	<ul style="list-style-type: none"> <li>Provide support for other Practitioners with an extended role in Allergy Care, e.g. mentoring</li> </ul>
	<ul style="list-style-type: none"> <li>Provide / support research and development into allergic disease in the locality</li> </ul>
<b>Liaison</b>	
<ul style="list-style-type: none"> <li>Liaison with the following groups to help improve the provision of allergy care in a locality:</li> </ul>	
<ul style="list-style-type: none"> <li>Between primary and secondary care health providers</li> </ul>	
<ul style="list-style-type: none"> <li>With health service managers and commissioner</li> </ul>	
<ul style="list-style-type: none"> <li>With local patient groups in providing local allergy services</li> </ul>	
<ul style="list-style-type: none"> <li>Primary Care Networks</li> </ul>	

## 1.3 Principles of service delivery

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and GPwER should demonstrate awareness of relevant national advice issued by organisations such as:

- The British Society for Allergy & Clinical Immunology (BSACI)  
<http://www.bsaci.org>
- The Primary Care Respiratory Society UK (PCRS-UK)  
<https://www.pcrs-uk.org>
- National Institute for Health and Clinical Excellence  
<http://www.nice.org.uk>
- The Department of Health  
<http://www.dh.gov.uk/en/index.htm>

### In addition:

The service model should take account of nationally agreed guidance, in particular:

- BSACI Guidelines, NICE, BSI, EAACI, RCP, RCPCH, SIGN, BTS
- Locally agreed care pathways
- National Occupational Standard Skills for Health
- National service frameworks

## 2. Infrastructure requirements; support and facilities

### 2.1. Service level arrangements

It is important that the commissioned service meets the agreed specifications as set out by the employing authority.

This will include, for example:

- Type of service to be delivered including the type of allergic condition (rhinitis, urticaria, food allergy etc) and patient age group (children or adults or both)
- Joint working arrangements, e.g., with statutory or third sector agency
- How referrals are received
- The scope and criteria for further access to specialist advice for acute and chronic care
- Waiting times
- Means of communication between referrer and GPwER
- Confidentiality / information sharing data protection
- Number and composition of sessions to be worked by GPwER
- Location of the service
- Contact with other health professionals, specialists in allergy care or other GPwER
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism for activity data
- How the service links with the commissioner's requirements
- Administrative and support staff available to provide the service
- Developmental support to be provided by other health professionals, e.g., mentoring
- Diagnostic facilities available to the clinician including use of blood tests and SPTs
- Prescribing responsibilities (and limitations)
- Use of advice and guidance systems
- Use of telemedicine where appropriate
- Contact and support by the MDT in specialist service

## 2.2 Support and facilities

Facilities will vary according to the commissioned service. The basic requirements for a GPwER in allergy care include the following:

- Direct access to support and supervision from allergy specialists this could be virtually and MDT support
- Clinical and administrative support staff available as required for each service and for discharge letters
- Adequate means of record keeping with potential interoperability of clinical systems between provider/community
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events, and conferences to ensure the appropriate CPD is undertaken
- Skin prick testing equipment access to platforms for ordering blood results and checking results
- Resuscitation equipment
- Linkage to appraisal and revalidation which recognises both the core role of the practitioner and the extended role opportunity for research if desired

NB: Facilities must be kept up to date in keeping with national guidance.

## 2.3 Clinical governance and standards

GPwERs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

The commissioner should consider the following aspects of the GPwER service:

- **Lines of responsibility:** Accountability for overall quality of clinical care
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes
- **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 and service users will be involved and their opinions considered
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality, and handling complaints
- **Poor performance management:** All organisations should have systems in place for identifying poor professional performance and managing this, as appropriate, in line with professional organisations and national bodies, e.g., NCAS

- **Linked to this is reporting of 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
- **Adherence:** To the requirements set down by the accountable officer in relation to controlled drugs

# 3. The Competence required

## 3.1 Generalist competence

The GPwER will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills with patients, carers, and colleagues
- The ability to explain risk and benefits of different treatment options and skill in involving patients and carers in the decision about their management
- Skill in involving patients and carers in the management of their condition(s)

### General Practitioners

Generalist skills can be assessed in a number of ways including:

- Meeting the competence set out in the new RCGP curriculum (<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx>) together with a holistic understanding of primary care practice) This now includes allergy and immunology as well.
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

## 3.2 Specific competence

The GPwER will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a GPwER in allergy care should have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competence, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwERs; in Appendix 1.

*It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competence that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.*

The competences for a GPwER in allergy care are summarised below:

History, diagnostic tests (skin prick tests, specific IgE blood tests), interpretation

- Asthma
- Rhinitis
- Drug therapy for respiratory and allergic disease
- Anaphylaxis recognition, management, treatment plans, adrenaline devices training
- Resuscitation skills for anaphylaxis alongside basic or intermediate CPR
- Health promotion and prevention, dietary advice
- Allergic disease of the respiratory tract
- Food allergy
- Drug allergy
- Latex allergy
- Venom allergy
- Angioedema and urticaria differential diagnosis
- Paediatrics differences in diagnosis, presentation, prevention advice, egg allergy, milk allergy, novel allergies, pollen food syndrome, eczema, allergic march
- Special circumstances in allergy, pregnancy, teenagers
- Psychological issues, counselling of allergic and non-allergic patient
- Immunotherapy support of patients receiving this

The full guidance can be found in Appendix 1.

## 4. Teaching and learning

### 4.1 Training for GPwER

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

Training can be acquired in several ways and would be expected to include both practical and theoretical elements. Academic learning is not a substitute for practical learning/experience.

For example:

- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the GPwERs are able to meet the competences of the service requirements such as one session a week over a year
- Or a postgraduate qualification, e.g., Diploma in allergy with elements of practical experience and the ongoing ability to discuss patients with MDT as necessary
- Self-directed learning with evidence of the completion of individual tasks
- As a trainee or other post under the supervision of a specialist or consultant in allergy care in the secondary care service
- As part of a specialist training programme
- As a clinical placement agreed locally
- Attachment to an allergy care unit or under the supervision of a specialist practitioner which may not necessarily be a consultant in allergy care (some will be other practitioners e.g., GPwER in allergy care)
- Attendance at recognised accredited meetings / lectures / tutorials on specific relevant topics
- Experience (current or previous) of working in relevant departments or community practice
- Ongoing discussion as part of an MDT of cases and results would be recommended
- There will be a difference from those working in supported units as part of MDTs and teaching and those working in isolation, and this should be reflected in the level of support and ongoing teaching and learning.

Universities such as Southampton, Imperial and Newcastle have training modules that include theoretical training followed by supervised practice and formal competence-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 competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for GPwERs. The allergy academy also has short courses.



## **Postgraduate Diploma in primary care allergy care**

Consideration should be given to the service provider sponsoring a practitioner to complete a post graduate degree or diploma in allergy management. This may assist with the collation of the GPwER portfolio which is detailed in chapter 5.

Such a diploma should teach and test the three core areas of competence and knowledge required by the GPwER:

- Specialist clinical skills and knowledge
- Service development and leadership skills
- Educational and liaison skills

## 5. Assessment: Evidence of acquisition of competence

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The GPwER can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the GPwER will deliver. (Note this might be decreased in a pandemic)

The assessment of individual competence can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multidisciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)  
(Might be virtual if in pandemic)
- Simulated role-play objective structured clinical examination (OSCE) (not in pandemic)
- Reflective practice
- Observed communication skills, attitudes, and professional conduct (join virtually if required)
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences

Further information regarding the above assessment tools can be found in Appendix 2.

## 6. Accreditation, maintenance of competence and re-accreditation

A practitioner should only be employed to work as a GPwER once their competence for that service has been assessed and confirmed against the standards described in this document.

### 6.1 Establishment of initial competence & ongoing maintenance of competence

The mechanism for the initial establishment of competence will be different from the ongoing maintenance of the competence. Initial acceptance will be by a national framework supported by the BSACI and the GPwER will be entered onto a registry held by the BSACI. The BSACI is currently developing a framework linking specialists with GP's for this arrangement. We hope to foster closer working with specialists and known GPwERs in their local areas to encourage multidisciplinary working and pathway support. Ongoing maintenance would be via the network on an agreed timeframe. Where possible we would endeavour to link people close together geographically. GPs are expected to manage allergy care as part of their core general practice role and may be interested in this document without being formally accredited.

Practical arrangements for the maintenance of competence should be agreed by all key stakeholders as part of the service accreditation.

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

This portfolio can act as an ongoing training record and should be countersigned as appropriate by an educational supervisor, preferably the local consultant or equivalent. The portfolio should also include evidence of:

- Quality improvement projects in the form of audits, research, case reviews, service development, teaching and training.
- Continued professional development (CPD) and for GPs, would be expected to form part of the GP's annual appraisal. The BSACI could set up panels of interested specialists to support this benchmarking and create a registered list of GPwER.
- The number of units of CPD a year for allergy to be decided depending on practice
- To develop and maintain skills it is important to see enough patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that GPwERs:

- Work regularly within the specialist area or community setting as part of an MDT in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the GPwER. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local allergy care specialist service(s) hub and spoke model networks
- Contribute to local clinical audits

### **GPwER in allergy care portfolio**

The portfolio should provide a track record of providing high quality allergy care in line with national guidelines. The content of this needs to be pragmatic in view of the time pressures after the pandemic. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical, audit, research, training, and teamwork in allergy care
- Personal development through analytical reflection on clinical events, appraisal of significant events, case history analysis detailing the decision-making rationale
- Definition of significant event - "Only record events that have reached the GMC threshold of harm. Other significant events from which you can provide evidence of learning should be included in the Learning Events section". This can be added where relevant.
- Evidence of leadership and management skills
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

## 6.2 Establishment of initial competence & ongoing maintenance of competence

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

GPwERs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the GPwER service
- Patient and carer experience questionnaires
- Prescribing / medicines management

## 6.3 Re-accreditation

Annual appraisal is enough to demonstrate that a GP is staying up to date in their role. It will cover the GPs whole scope of practice and, therefore, includes their GPwER role.

GPwER may choose to do refresher training by the BSACI or MSc modules/ allergy academy with a clinical and theory review and refresher course. Practical SPT/spirometry emollient, autoinjector devices, simulated anaphylaxis theory updates anaphylaxis, weaning, cow's milk protein allergy (CMPA) etc.

Any clinical governance information collected by the organisation / employer should be provided to the doctor to reflect on [in relation to the doctor's extended role]. Where possible, an annual performance development review should be facilitated by a specialist working in the relevant extended role area, preferably your clinical guide (see Glossary). This information and review should be reflected on in the annual medical appraisal.

# Appendix 1: Competences

It is not intended that GPwERs in allergy care have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competence, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwERs.

## Asthma

Objective	Knowledge	Skills
To successfully diagnose asthma in the different age range groups.	Can demonstrate understanding of  The various diagnostic methods and criteria for all age groups and trigger types, to include occupational factors	Is able to  Examine the respiratory system
		Interpret chest X-rays
		Perform and interpret skin prick testing
		Carry out and interpret spirometry and nitric oxide tests where available
To manage asthma in the individual and be conversant with the range of treatment therapies available.	The various treatment / management options (cost, efficacy, safety), and the variances that can occur (pregnancy, children, occupational sufferers)  Factors influencing concordance with treatment	Take and teach peak flow measurements
		Use and teach the use of inhaler devices
		Manage routine asthma care in practice to promote adherence and foster concordance
		Support personalised asthma action plans (PAAPs)
	The pertinent trigger factors and role of allergen avoidance	Identify and discuss trigger factors and their impact with the individual as appropriate
The indications for appropriate referral to other disciplines and / or secondary care	Refer as necessary and effectively facilitate the interface between primary and secondary care.	
The history and changing prevalence of asthma, possible causes and impacts (both to health and economy)	Signpost resources and effectively communicate national guidance to peers and patients / carers as appropriate e.g., NICE, SIGN, BTS	

## Management of drug therapy for allergy disease

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To manage drug treatment for patients with respiratory disease	Drug therapy in respiratory disease	Assess, prescribe, or supply and monitor response to treatment  Interpretation of blood tests and different phenotypes asthma	Facilitate shared holistic and non-judgemental decision-making with patients with allergy
	Specialist pharmaceutical knowledge of care of patients with respiratory disease	Be accountable for the pharmaceutical care of a group of patients with respiratory disease	
	How to achieve shared decision-making with patients with respiratory disease	Personalise treatment goals based upon national therapeutic targets whilst recognising the individual patients' circumstances	
	Drug treatment for common co-morbidities in respiratory diseases  Awareness of new biological treatments	Monitor, review and adjust drug treatments effectively including for complex medication regimens	
	Adverse reactions to drug treatments	Manage and report adverse drug reactions	

<b>Objective</b>	<b>Knowledge</b>	<b>Skills</b>
To manage drug treatment for the allergic patient	Can demonstrate understanding of	Is able to
	Drug therapy in allergic disease	Assess, prescribe and monitor response to treatment in adults and children, awareness of drug dosages for age ranges and wt
	Specialist knowledge of drugs, awareness special circumstances pregnancy etc	Be accountable for pharmacy care
	Antihistamines, drug dosages, nasal sprays techniques	Show the patient what to do
	Shared decision making	Personalised treatment plans and individualised care, e.g., adrenaline devices
	Adverse drug reactions	Manage and report

## Manage the delivery of allergy care

<b>Objectives</b>	<b>Knowledge</b> (The practitioner can...)	<b>Skills</b> (The practitioner is able to...)	<b>Attitudes</b>
To understand different models of delivery of allergy care	Describe different settings in which allergy care can be delivered	Discuss different models of allergy care delivery, e.g., in primary care and secondary care	Recognise the importance of multi-disciplinary team working and the value of working care and primary / secondary care interface in allergy management
	Understand the factors which influence commissioning allergy care within the NHS	Describe the commissioning process for allergy care and its relationship to other NHS initiatives	
	Describe which aspects of clinical allergy care can be delivered in different clinical settings	Identify appropriate patient groups for management in different settings, e.g., primary, secondary care and multi-disciplinary subspecialty clinics	



	Understand the role of local initiatives in delivering integrated allergy care	Describe the processes required to develop local initiatives, e.g., allergy databases, managed clinical networks and allergy advisory groups	
To provide care planning for patients with allergy	Offer patients active involvement in deciding, agreeing, and owning how their allergy will be managed	Implement a care plan as the heart of a partnership approach to care and as a central part of effective care management	Ensure that patients are comfortable with what is proposed and that they do not have to bear more responsibility than they wish

## Allergic disease of the respiratory tract

Objective	Knowledge	Skills
	Can demonstrate understanding of	Is able to
To take a detailed history at initial presentation and conduct appropriate examinations	The timeliness and, indications for taking an allergy history. Awareness of occupational causes	Take an accurate history and carry out a competent examination, to include the respiratory tract and ENT examination. Nasal peak flows
To diagnose and manage the individual with allergic disease of the respiratory tract and be conversant with the range of treatment therapies available.	Knowledge of diagnostic techniques such as skin prick testing, blood testing, their indications and limitations	Discuss with the patient / carer the incidence, prevalence (including co-morbidity with asthma), risk factors, allergies, intolerances, and natural history associated with the condition
	The various management types, allergen avoidance measures, immunotherapy, drug therapies, and complimentary therapies.	Use and teach the use of inhaler devices
		on shared care protocols immunotherapy Support of patients with immunotherapy

		Ensure that the patient understands their therapy regime and so promote adherence and foster concordance
	The indications for appropriate referral to other disciplines and / or secondary care	Refer as necessary and effectively facilitate the interface between primary and secondary care
	A working knowledge of national/international guidelines NICE, BSACI, e.g., Allergic Rhinitis and its Impact on Asthma (ARIA), European Academy of Allergology and Clinical Immunology (EAACI)	Act confidently in the organisation of care (setting up allergy services, immunotherapy service)
Anaphylaxis To contribute to education initiatives for children and adults	Theory and management of anaphylaxis Working knowledge of guidelines e.g., RCUK, BSACI, EAACI, NICE, MHRA Educational resources on asthma and anaphylaxis	Teach the use of adrenaline device Educate school staff and pupils on appropriate management of allergic disease and anaphylaxis

## Management of allergies – foods, venoms, angioedema / urticarias

Objective	Knowledge	Skills
	Can demonstrate understanding of	Is able to
To take a detailed history and conduct appropriate examinations	Presentation of food allergy An awareness of the history, prevalence, morbidity, mortality, and economic effects of allergy	Take an accurate history and carry out competent examination Blood tests, recombinants To discuss here re whether spt or not with foods, preparations available etc, and which ones

		Depending on history or severity of reaction or not do etc,
To successfully diagnose food allergy in the individual	The diagnosis techniques: interpretation and basic secondary care diagnostic knowledge such as symptoms and risk factor identification, consideration of differential diagnosis  Anaphylaxis, recognition, treatment, referral to specialist care, awareness of guidelines, Difference in adults and children treatment plans and dosages  Demonstration of advanced resuscitation skills	Carry out appropriate examination and investigations if required
		Interpret blood tests, know limitations of tests, interpretation of spts if done
		Awareness of cross reactions
To manage food allergy and support the individual with treatment pack Including the appropriate management of co-morbidities available  Recognition of serious allergy and know when to refer  Recognition of qol issues, psychological issues.	Management techniques, outcome measures	Discuss with patient
	Dietary advice	Understanding of common problems in avoidance and refer dietician if possibility of nutritional deficiency, for nut avoidance detailed advice etc
	Offer appropriate support	Assessment of impact of allergy
	The indications for appropriate referral to other disciplines and / or secondary care	Refer as necessary and effectively facilitate the interface between primary and secondary care
	Basic knowledge of secondary care, assessment, and management (including care pathways, models of care, and support groups and challenge procedures,  A working knowledge of national / international guidelines e.g., NICE, BSACI, RCPCH, EAACI	Refer as necessary
	Have a working sound knowledge of the common co-morbidities especially asthma, associated with allergy  Awareness co-factors  Adrenaline devices, hypertension, B blockers	Able to assess and manage appropriately common co-morbidities as well as empower patient to seek further help when appropriate

		Train in use of adrenaline devices
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## Allergy continued

Objective	Knowledge	Skills
	Can demonstrate understanding of	Is able to
Diagnosis of venom allergy	The clinical presentations common differential diagnosis, treatment plan with adrenaline device, referral for venom immunotherapy (desensitization) in anaphylaxis	Take an accurate history and carry out blood tests, IgE, tryptase
		Advise treatment pack
		Refer to specialist centre
Diagnosis of angioedema and urticaria	Presentations, diagnosis, differential diagnosis to include vasculitic lesions, eczema, contact dermatitis, mastocytosis, awareness of hereditary angioedema	Management to include assessment of airway involvement and appropriate treatment regular and emergency
Latex allergy	Presentation, diagnosis, and awareness of latex fruit syndrome	Advise and refer as necessary Awareness of occupational issues
Common drug allergies	History, blood tests, advise, awareness of challenge procedures in secondary care	Refer as necessary and effectively facilitate the interface between primary and secondary care
Other problems food intolerances, coeliac, lactose intolerance, phobias, eating disorders	Recognition and appropriate referral and support	Refer as necessary

As well as the above some general points to consider are as below:

- Knowledge of allergy triggers and the possibility occupational allergy and when to refer
- Paediatric and adult competence could be under different headings
- Differences in medications and treatments and tests and their interpretation

- Difference in presentation and the natural course of food allergies milk, egg, nut, emerging treatments awareness of, novel allergies kiwi, pollen food allergy, eczemas, prevention, questions on weaning
- Awareness of allergic march
- Paediatric competence and pathways link to RCPCH pathways and education programme and link and include main tables from NICE
- Recognition of non-IgE mediated allergy
- Plots of centiles, identifying child at risk, liaison with schools, health visitors, special groups teenagers
- Awareness and understanding of vaccine reactions
- [Link to BSACI primary care guidelines](#)
- Awareness of recent prevention guidelines and advice on weaning
- Awareness drug allergy de labelling e.g., penicillin

## Local service delivery

Objective	Knowledge Can demonstrate understanding of:	Skills Is able to:
To work in partnership with others e.g., public health physicians to develop the skills and knowledge of primary (and secondary) care to manage patients with respiratory conditions.	Effective interventions to prevent and treat respiratory and allergic disease	Communicate effectively with healthcare professionals and patients, especially those from minority and vulnerable groups such as teenagers
	The needs of patients with respiratory care, dermatology, ENT, occupational causes, gastroenterology	
	The role of patient support organisations.	<p>Able to teach and train other trainee doctors/GPs nurses within the clinics.</p> <p>Provide information about support organisations</p> <p>Conduct an educational meeting with referring practices to maximise their potential.</p>

## Clinical leadership and coordinated care

<b>Objective</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> Is able to:
To identify the need, and lead on the development, for shared care and other respiratory and allergy care services across the locality. This may be in partnership with public health teams.	The principles of service and clinical leadership	Promote primary and secondary prevention of respiratory and allergic disease in primary care; work for prevention in high-risk groups
	Service configuration and the role of local providers and government organisations such as NHSE and primary care networks	Act as a champion, advocate, and leader for respiratory and allergy health in primary care to raise understanding of causes, preventions and treatment of respiratory disease and allergic disease
	The structure of the role of PCNS and the wider integrated care system	Develop and maintain links with providers, PCNS and the integrated care systems

## Appendix 2: Assessment Tools

It is expected that, as part of the accreditation process, the assessment of individual competence will include observation of clinical practice. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills).

**The following notes are intended to support the effective use of these assessment tools as applied to the field of respiratory and allergy.** This may be reduced under pandemic circumstances

- It is strongly recommended that a short number of clinical assessments, for example, using a modified mini-CEX or video assessment or other face-to-face assessment, takes place four times during the period of training prior to the GPwER becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant, or clinical pharmacy lead, ideally an alternative to the educational supervisor
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions
- The subject / areas covered will depend on the type of service the GPwER is going to offer. This will be agreed at the start of the training
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback
- It is expected that one of the assessments should include a review of case notes
- It is expected that GPwERs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education
- For GPwER not completing a diploma, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel
- Practitioners will be expected to demonstrate evidence of 360-degree review

**RCGP information about GPwER taken from website Sept 23<sup>rd</sup>, 2022,**  
<https://www.rcgp.org.uk/GPwER>

Royal College of General Practitioners 2021 document

### **Purpose**

This guidance has been developed to help GPs demonstrate competence in extended scopes of clinical practice. Requirements relating to the premises in which GPs with Extended Roles (GPwER) work are covered by regulation from the Care Quality Commission and other UK regulators.

### **Definition**

The RCGP defines a GP with Extended Role (GPwER) as a GP with a UK licence to practice, who is maintaining a primary care medical role, but undertaking an activity that is beyond the scope of general practice and requires further training. Extended roles are typically undertaken within a contractor setting that distinguishes them from standard general practice and involve an activity offered for a fee outside the care provided to the registered practice population. GPwERs often receive referrals for assessment and treatment from outside their immediate practice and undertake work that attracts an additional or separate medical indemnity fee.

### **Examples**

There are many GP clinical extended roles and often local variation in roles to meet specific population needs. Some examples include:

- Dermatology
- Mental Health
- Emergency Medicine
- Women's Health
- Cardiology
- Sports Medicine

### **The GPwER as a generalist**

Roles in primary care have expanded over the last decade but consistently include undifferentiated primary care where the clinician is the first point of clinical contact for a patient. For a GP to describe themselves as a GPwER, their clinical activity in general practice should be maintained, and GPwER is not simply a 'mini-secondary care specialist' who has taken a different route to specialty practice. One key distinction is that a GPwER's management of the patient extends beyond the medical model, and as a GP they bring important additional skills in practicing holistically and dealing with complexity and uncertainty to these roles.

### **Demonstrating initial competence**

A GP should be able to demonstrate:

- evidence of a CCT or equivalent in general practice
- evidence of being currently registered and licensed and in good standing with the GMC
- evidence of continued practice in a primary care role on a performers list (or equivalent) and active engagement in an annual medical (whole scope of practice) appraisal.



The GP should keep an electronic record to demonstrate that the requirements of the extended role have been met. This will include the following:

- evidence of the acquisition of the core knowledge relevant to the extended role, including any relevant and appropriate academic qualifications
- documented experience, and supervised training, within the specialty area of the extended role; it will be important to include the name, scope of practice and qualifications of the clinical supervisor (see Glossary) within the extended role (who should usually be a specialist (see Glossary))
- evidence of the acquisition of the core skills relevant to the extended role, including appropriate supervised demonstration of competence (often indicated by sign-off within a logbook, or an equivalent direct observation of skills)
- evidence of positive feedback that affirms the individual's communication and team working skills, and ability to provide an appropriate standard of practice in the extended role
- a structured reference from the clinical supervisor that covers all intended clinical areas of competence within the extended role.

For a new GPwER, a training record and logbook for reflection can be countersigned as appropriate by a supervisor as new skills are gained. In some extended roles, particularly where there is a training requirement for supervised practice and Workplace-Based Assessments, a joint clinic with a specialist would be recommended for the GPwER in training.

### **Extended role competence frameworks**

Evidence required for some roles will be detailed in an extended role framework, developed in collaboration between primary care and specialist providers (e.g. secondary care), which will describe for the relevant specialism:

- The roles and services to be provided by the GPwER
- The support and facilities the GPwER will require
- The core competence for the extended role
- Evidence required to demonstrate initial competence
- Details of accreditation (if available)
- Supporting information to be provided at the (whole scope of practice) annual medical appraisal to demonstrate continued competence in line with GMC requirements for every scope of work.

### **Extended role accreditation**

For some extended roles, GPs will be able to demonstrate competence through an accreditation process. The RCGP's position is that:

- i. Accreditation will only add value in a limited number of extended roles, where there are potential benefits in terms of patient safety and quality of care, and a desire by GPs for a route to demonstrate competence in these areas.
- ii. If an accreditation process is provided, it should be delivered as a primary/secondary care collaboration, involving jointly agreed assessment standards and both GP and consultant input into assessment and quality assurance processes.
- iii. Demonstration of continued competence through the annual medical appraisal and revalidation process replaces the former need for periodic reaccreditation.

### **Demonstrating continued competence**

The evidence that a GPwER is keeping their requisite knowledge and skills up to date and maintaining their competence should be reviewed through the GPwER's annual whole scope of practice appraisal. Through reflection on appropriate supporting information in the appraisal portfolio, supplemented by additional evidence of reflection in the appraisal discussion, four key questions should be answered:

1. What do you do in this part of your scope of practice?

What exactly does your GPwER role entail?

2. How do you keep up to date for this part of your scope of practice?

What continuing professional development (CPD) relevant to your GPwER role have you done and what have you learned as a result? How have you implemented this new learning in your role?

3. What review have you done of this part of your scope of practice and what difference has it made?

How do you know that your performance in your GPwER role is effective and safe? What have you done to improve the quality of your work and how successful have those changes been? Have there been any significant events and, if so, what has been learned and changed as a result?

4. What feedback have you received on this part of your scope of practice and what difference has it made?

What feedback have you personally solicited about your performance in your GPwER role? (This includes colleague and patient feedback as required by the GMC.) What unsolicited feedback, in the form of complaints and compliments, have you received in your GPwER role? What other feedback about your work in your GPwER role have you received and reflected on? For all forms of feedback, what have you learned and changed as a result?

The GMC's requirements for supporting information for appraisal and revalidation must be met for the GPwER scope of practice. This means that the annual appraisal portfolio should include the supporting information included below:

- CPD
- quality improvement activity (QIA)
- significant events
- patient feedback • colleague feedback
- complaints and compliments.

Any clinical governance information collected by the organisation / employer should be provided to the doctor to reflect on. Where possible, an annual performance development review should be facilitated by a specialist working in the relevant extended role area, preferably your clinical guide (see Glossary). This information and review should be reflected on in the annual medical appraisal.

### Governance arrangements

The responsible officer will need to be assured that the governance arrangements are robust enough to provide timely information related to any concerns about the GPwER at any point in the revalidation cycle and assured that there are no outstanding concerns in the period preceding the revalidation recommendation.

It is best practice for the GPwER to include a clear description of the governance arrangements for the service being provided in their appraisal portfolio and a reflective note on how they would respond to patient safety issues or concerns. Individual GPwER has a responsibility to ensure that they are working within appropriate clinical governance arrangements. They should reflect on the clinical governance arrangements in place to ensure that patients are not put at risk by the environment within which they work and that they meet all appropriate regulatory standards.

If an extended role forms a very limited part of a GP's scope of practice, they have the option of using the Academy of Medical Royal Colleges 'factors for consideration' template to help demonstrate to themselves, their appraiser and their responsible officer that they remain safe, competent and up to date in this field of work.

It is essential for patient safety that GPwERs are not put in a position where they are being asked to work outside their competence level or with inadequate support or facilities.

## Glossary

Clinical supervisor	Pre-accreditation supervising peer, may be a specialist in the relevant extended role or another health professional supervising within their sphere of competence in relation to what is being assessed.
Clinical guide	Post-accreditation peer, usually the specialist who undertakes the annual performance development review used as additional evidence for the whole scope of practice appraisal.
GPwER	General Practitioner with an Extended Role, formerly known as a GPwSI (General Practitioner with a Special Interest).
Specialist	A consultant, associate specialist or accredited GPwER working as part of an integrated model with secondary care colleagues within the relevant field of practice.

# Appendix 3: Links to other resources

## References

- El-Shanawany IR, Wade C, Holloway JA. The Impact of a GP-led Community Paediatric Allergy Clinic: A Service Evaluation. *Clinical & Experimental Allergy*. 2019 Feb 21.
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- Holmes S, Gruffydd-Jones K., *A proposal for the annual appraisal of, and developmental support for General Practitioners with a Specialist Interest (GpWSIs) in respiratory medicine*. *Primary Care Respiratory Journal* 2005; **14**:161=165
- Ryan D, Levy M, *et al*. *Management of allergic problems in primary care: Time for a rethink?* *Primary Care Respiratory Journal* 2005; **14**: 195-203.
- Levy M, Walker S, *et al*. *Service evaluation of a UK primary care-based allergy clinic: quality improvement report* 2009; **18**(4): 313-319.
- Respiratory framework for GPWSI RCGP DOH 15/04/2008

## Links, resources, and reports

- The British Society for Allergy and Clinical Immunology (BSACI) [www.bsaci.org](http://www.bsaci.org)
- British Society for Immunology [British Society for Immunology |](http://www.bsi.org.uk)
- British Thoracic Society [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)
- Royal Pharmaceutical Society [Royal Pharmaceutical Society | RPS \(rpharms.com\)](http://www.rps.org.uk)
- Department of Health <http://www.dh.gov.uk/en/index.htm>
- Primary Care Respiratory Society UK [Primary Care Respiratory Society | Inspiring best practice in respiratory care \(pcrs-uk.org\)](http://www.pcrs-uk.org)
- Allergic Rhinitis and its Impact of Asthma [ARIA guideline 2019: treatment of allergic rhinitis in the German health system – PMC \(nih.gov\)](http://www.aria-guideline.org)

- Scottish Intercollegiate Guidelines Network (SIGN) [Home \(sign.ac.uk\)](http://sign.ac.uk)
- National Institute for Health and Clinical Excellence <http://www.nice.org.uk/>
- European Academy of Allergology and Clinical Immunology [European Academy of Allergy and Clinical Immunology | EAACI.org](http://www.eaaci.org)
- Skills for Health Allergy Competence <https://tools.skillsforhealth.org.uk/>
- BSACI nurses competence document [https://www.bsaci.org/wp-content/uploads/2019/12/AllergyNurseCompetence\\_Edition1\\_Nov2014.pdf](https://www.bsaci.org/wp-content/uploads/2019/12/AllergyNurseCompetence_Edition1_Nov2014.pdf)

### **Recommendations for GPwER setting up services**

- Link with lead on nearest specialist allergy clinic to establish good working relationship
- Explore best digital offer of consultations link with specialist or Integrated Care System digital teams
- Liaise with commissioners on setting up services
- Population health analysis of needs and link with local primary care network clinical directors
- Work to agreed pathways
- Can consider remote or face to face working set up computer, webcam, microphone, then prescribing platform and accuRx for texting information
- Consider POCT tests mobile SPT or remote ordering blood tests
- Ideally work as 2 practitioners for community service to cover leave and services
- Link with MDT and networks important
- Include work under defence organisation and hold dual appraisal with sign of allergy work
- Consider research opportunities
- Apply to employer for support in funding studies
- Establish contract to include agreed administration time to check letters, review of tests ordered, MDT time and establish secretarial support
- If immunotherapy services to consider initial observation and training in specialist units and then reciprocal accreditation of sites with accessible guidance support by phone to allergy unit if required

## Appendix 4: Membership of GPwER allergy care suggested stakeholder group

- Dr Elizabeth Angier lead author and BSACI Primary Care committee members and Helen Howells, Matt Doyle, Dr Isobel El-Shanawany and Dr Adeyemi Folake have reviewed
- BSACI specialists Professor Adam Fox, Professor Graham Roberts, BSACI main committee have reviewed
- RCGP GPwER Development Team

### **The following organizations to be informed once the RCGP approves the document:**

- Primary Care Respiratory Society (PCRS)
- Allergy UK
- Anaphylaxis UK
- British Thoracic Society
- Education for Health
- Asthma UK
- Public Health Unit
- National Allergy Strategy Group (NASG)

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