ENT GP with Extended Role (ENT GPwER)

Guidance Document
Roles and services to be provided by the ENT GP with Extended Role

An ENT GPwER service could include aspects of the following:

Clinical
- Assessment, investigation and treatment of patients referred to the service.
- Provision of a range of clinical interventions as appropriate to the commissioned service (e.g. microsuction, flexible nasendoscopy, audiology etc.)
- Links with other services to ensure that the full holistic needs of the patient are met (e.g. audiologist & hearing aid services, vestibular physiotherapy, speech and language services etc.).
- The knowledge to signpost patients to other support services, including local and national patient support groups.

Education and liaison
- Provision of advice and support to local practitioners through non-face-to-face contact (e.g. telephone, internet) in the management of those ENT conditions within the expertise of the GPwER.
- Provision of support and training to GPs and members of the primary healthcare team in the management of common ENT conditions to enable other clinicians to develop, maintain and improve their level of clinical competence in the management of ENT conditions. The process of education should be supported through commissioning pathways.
- Liaise with and provide support for other ENT GPwERs in the area and via Community ENT Group nationally.
- As part of a well-integrated service, GPwERs should have good access to and support from secondary care specialist services.

Service development/leadership
- Work with local secondary care specialists and other groups managing ENT conditions (e.g. audiologist & hearing aid services, vestibular physiotherapy, speech and language services etc.) to develop an integrated ENT service model that facilitates streamlined care pathways linked to the healthcare needs of the local community.
- In collaboration with other members of the local health community (e.g. GPs, practice nurses, extended primary care team (paramedics, community pharmacists, physician's associates for example), pharmacists, health visitors, school nurses), develop and implement management guidance in the care of common ENT conditions.
- Become involved in integrated training programmes across primary and secondary care for medical, nursing staff and extended primary care team members.
- Work with patients, the public and service providers to support an integrated, patient-centred approach to commissioning services.
The support and facilities the ENT GP with Extended Role requires

Although the facilities and support will vary according to the service being provided, the basic requirements for GPwERs managing a clinical caseload include some of the following:

- A well-lit consultation room with adequate facilities for diagnosis and treatment, with equipment that meets the requirements for minor ENT procedures and attention to health and safety guidance in relation to its storage and use.
  - Microscope
  - Flexible nasendoscopy
  - Audiometers and tympanometers
- Administrative support and appropriate staff to ensure that the clinic runs efficiently.
- An adequate means of record keeping including a failsafe record to ensure that all results are actioned appropriately and reported to the patient in a timely fashion.
- GPwERs are expected to keep their facilities up-to-date, in keeping with national guidance, and ensure that their patients have access to any innovations in ENT treatment, either suited to the primary care setting or by onward referral
- Facilities should take into account the standards set by the relevant regulator (e.g. Care Quality Commission in England)
- Close liaison with secondary care colleagues with personal and timely support from one or more ENT consultants, or other clinical guides, when needed.
A curriculum guide and core competences

Curriculum: principles

Competent practitioners can demonstrate:

• Effective communication skills during interaction with patients and colleagues, including the ability to explore people’s understanding, reactions and opinions and practise with a holistic approach

• Understanding the concepts of consent, including an ability to explain the risks and benefits of treatment options and involve patients in decisions about their management

• Sufficient knowledge and skill in diagnosis to ensure the safe and effective practice

• Competence in establishing a differential diagnosis by the appropriate use of history, clinical examination and investigations

• An ability to carry out minor practical procedures

• Knowledge of NICE guidelines and access to continuous update of those guidelines, and other guidance relevant to ENT conditions

• Recognition of their limitations in expertise and knowledge of mechanisms of referral with regular formal supervision and support from ENT consultant mentor

Curriculum: syllabus content

This syllabus should be regarded as those conditions that an ENT GPwER should recognise and for which they should be able to formulate a management plan but not necessarily manage themselves. Experience, expertise, and community circumstances will dictate the appropriateness of place of care for each case.

Manage paediatric conditions

1. Disorders of the adenoids
2. Obstructive sleep apnoea
3. Recurrent tonsillitis including referral criteria for tonsillectomy
4. Inflammatory nasal disease (including nasal polyps), and intranasal steroid prescribing in paediatrics
5. Epistaxis
6. Otitis media with effusion and conductive hearing loss
7. Sensorineural hearing loss in children
8. Recognise congenital abnormalities e.g., branchial arch abnormalities, thyroglossal cysts, microtia etc.
9. Understanding of common surgical procedures in paediatric ENT including the aims and risks e.g., tonsillectomy, adenoidectomy, grommet insertion
Manage Adult conditions

Manage otology conditions

1. Outer ear
   a. Acute and chronic otitis externa, including eczematous, infective and polychondritis
   b. Recognise neoplastic skin conditions such as basal cell carcinoma, squamous cell carcinoma, and malignant melanoma

2. Middle ear
   a. (Recurrent) acute otitis media
   b. Otitis media with effusion
   c. Chronic suppurative otitis media including tympanic membrane perforation and retraction
   d. Cholesteatoma
   e. Other conductive hearing losses such as otosclerosis etc.

3. Inner ear
   a. Sensorineural hearing loss
      i. Congenital/early onset
      ii. Presbycusis
      iii. Noise trauma
      iv. Drug ototoxicity
      v. Understanding of hearing aids and implants
   b. Vertigo
      i. BPPV
      ii. Meniere’s
      iii. Vestibular neuronitis
      iv. Migraine
      v. Other causes of vertigo including awareness of central causes
   c. Tinnitus

4. Facial nerve palsy

5. Tumours of the cerebellopontine angle including vestibular schwannoma

6. Understand and be able to perform pure tone audiograms, tympanometry, masking etc

7. Appropriate use of radiology to investigate otological conditions e.g. CT, MRI

8. Understanding of common surgical procedures, when indicated, in otology including the aims and risks e.g. grommet insertion, mastoid surgery, stapedectomy etc.
Manage conditions of the nose and paranasal sinuses

1. Aetiology, pathophysiology, microbiology and concepts behind management (medical and surgical) of acute and chronic rhinosinusitis including nasal polyps
2. Allergic and non-allergic rhinitis
3. Septal deviation and when to refer for septoplasty
4. Epistaxis
5. Disorders of the sense of smell
6. Facial pain
7. Granulomatous conditions such as granulomatosis with polyangiitis etc.
8. An understanding of, and ability to recognise, nasal/paranasal sinus tumours
9. Appropriate use of radiology to investigate rhinology conditions e.g. CT, MRI
10. Understanding of common surgical procedures in rhinology including the aims and risks e.g. FESS, septoplasty, turbinate surgery

Manage conditions of the head and neck

It is not expected that a community clinic would see 2 week wait referrals, the recognitions of malignancy head and neck conditions is essential in order that correct referrals can be made.

1. Sore throat, tonsillitis and its complications, and tonsillectomy criteria
2. Disorders of the adenoids
3. Snoring and obstructive sleep apnoea
4. Benign and malignant conditions affecting the salivary glands
5. An understanding of, and ability to recognise, tumours of the larynx, nasopharynx and oropharynx
6. Disorders of the voice
7. Dysphagia including pharyngeal pouches
8. Laryngopharyngeal reflux
9. An understanding of, and ability to recognise, tumours of the thyroid
10. Benign and malignant neck lumps including branchial cysts, thyroglossal cysts and lymph node recognition
11. TMJ dysfunction
12. Appropriate use of radiology to investigate head and neck conditions e.g. USS, CT, MRI
13. Understanding of common surgical procedures in head and neck surgery including aims and risks e.g. tonsillectomy, adenoidectomy, parotidectomy, submandibular gland excision, microlaryngoscopy etc
Understanding the appropriate use of different diagnostic and investigatory tools – ENT GPwERs should have a good understanding of:

- Otoscopy
- Audiograms and tympanometry
- Normal vs pathological findings on FNE
- Bacteriology, mycology and virology
- Indication for radiological investigations and interpretation of radiology results

ENT skills/procedures - ENT GPwERs should have a good understanding of:

- Anatomical hazards
- Equipment decontamination procedures
- Topical anaesthesia
- Procedural complications
- The importance of comorbidities and relevant drug history

ENT skills/procedures - ENT GPwERs would be expected to be competent in all the following:

- Otoscopy and recognition of tympanic membrane pathologies
- Otomicroscopy including wax removal, aural toilet, removal of foreign body, application of pope wick
- Audiological assessment (age-appropriate hearing test and tympanometry) and interpretation of audiological investigations.
- It would not be expected for GPwERs to be able to perform hearing tests on very young children.
- Vestibular assessment including Dix-hallpike test and performing particle repositioning manoeuvres
- Flexible Nasendoscopy
- Cautery of nasal septum

Knowledge of the appropriate use of topical and systemic treatments – ENT GPwERs should have a good understanding of the medications used in the management of ENT conditions, as listed but not limited to:

- Topical and oral steroids
- Topical antibiotics and antifungals
- Oral antibiotics, antivirals and antifungals
- Topical and oral antihistamines
- Topical decongestants
- Topical ipratropium bromide
- Anti-reflux medication
- Vestibular sedatives and betahistine etc.
Curriculum: teaching and learning

Theoretical training
- Relevant, current or recent experience (within the last 5 years) in a specialised ENT setting
- Successful completion of an appropriate postgraduate qualification in ENT (e.g. DO-HNS, MRCS (ENT), PG dip ENT, other relevant diploma or masters) – this is recommended as a good way of obtaining and demonstrating structured learning
- Self-directed learning via the internet with evidence of the completion of individual tasks
- Attendance at recognised meetings, lectures or tutorials on specific relevant ENT topics

Clinical training
- This should be tailored and appropriate to the training needs of the GPwER but will include attachment to a relevant specialist(s). The GPwER will need to attend sufficient clinics to be able to obtain training and experience relevant to the specified area of clinical practice and be able to demonstrate the competences required to meet the assessment requirements for accreditation. Training and experience are required to meet all curriculum standards as set out above
- It would be expected that the GPwER would have at least 6 months of ENT experience, this clinical training can be achieved:
  - during the foundation year 2 (F2) post
  - as a GP specialty trainee undertaking a 6-month GP Specialty Training (ST1) attachment
  - as part of a ST1 programme
  - as a hospital practitioner or specialty doctor under the supervision of a consultant ENT surgeon in a secondary care ENT service
- A number of different teaching and learning methods can be utilised, including:
  - acquiring many of the required competences during the attachment to a relevant specialist(s) who can sign off each skill as it is acquired
  - case-based discussion (CBD), including a periodic review of notes by the clinical supervisor
  - attendance at a structured course of lectures or tutorials designed to cover basic ENT with a combination of clinical assessments and DOPS
Maintaining good medical practice

Maintenance of competences

- Ideally the ENT GPwER should identify a clinical guide (refer to Annex A for definition of a clinical guide), which in some cases will be the same individual who acted as the clinical supervisor during the training process, to undertake an annual performance review of the specialist GPwER role.
- Once this performance review has been completed and signed off, the document can be attached to the whole scope of practice appraisal document used by the GP appraiser. Successful annual appraisal over a 5-year cycle will enable usual GP revalidation, there is currently no separate revalidation for GPwER.
- To develop and maintain skills in ENT, regular exposure to patients with ENT disease in the appropriate clinical area is important and the following is normally required to ensure good clinical practice:
  - At least one clinical session per week in the specialist area to obtain adequate exposure to a varied case mix.
- If an ENT GPwER has not had the levels of exposure to patients with ENT disease as referred to above, they must reflect on the reasons why, with their clinical guide, as part of their specialist annual performance review, and come to an appropriate professional judgement about the implications for continuing in the role and to support the development of appropriate personal development plan (PDP) goals to ensure that patient safety can be maintained.
- It is considered best practice to work alongside a clinical guide on a regular basis, ideally at least monthly, to provide opportunities for continuing professional development (CPD) through the discussion of difficult cases. There are many other ways in which CPD can be gained, e.g. through active membership of relevant ENT organisations.
- ENT GPwERs are also expected to demonstrate evidence of quality improvement activity (QIA) in their specialist role. Examples of QIA include learning from cases, data and events, for example:
  - Reflection on CBDs.
  - Reflection and review of a set of clinic notes, alone or with a clinical guide.
  - Reflection on the outcomes of clinical audit.
  - Learning and changes made from any learning events (positive and negative) or GMC-level significant events.
  - Reflection on feedback from patients and colleagues, both solicited (at least once in the revalidation cycle) and unsolicited (in the form of complaints and compliments and other ad hoc feedback).
  - Reflection on service redesign and management activity.
  - Reflection on any teaching or training undertaken in the role.
For all of the above, the GMC emphasises the importance of lessons learned and changes made as a result.

- It should also be the role of the service in which the ENT GPwER works to monitor standards, which may include:
  - clinical outcomes and quality of care
  - access times to the service
  - new to follow-up ratios
  - onward referral rates
### Annex A: Glossary of terminology

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<th>Term</th>
<th>Definition</th>
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<td><strong>Clinical supervisor</strong></td>
<td>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. A GP may have more than one clinical supervisor, each supervising a different area of competence.</td>
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<td><strong>Senior clinical supervisor</strong></td>
<td>The clinical supervisor who has regular clinical interaction with the candidate and is required to complete the senior clinical supervisor’s report. The senior clinical supervisor is usually expected to be a consultant, associate specialist or RCGP accredited GPwER working as part of an integrated model with secondary care colleagues.</td>
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<td><strong>Clinical guide</strong></td>
<td>Post-accreditation peer – usually the specialist who undertakes the annual performance development review as additional evidence for the whole scope of practice appraisal.</td>
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<td><strong>GPwER</strong></td>
<td>General Practitioner with Extended Role A GP undertaking an area of work that is beyond core general practice and the MRCGP and requires additional training.</td>
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<td><strong>CBD</strong></td>
<td>Case based discussions where cases are presented to the clinical guide or other specialist supervisor for the purposes of learning and assessment.</td>
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