A Gambling Competency Framework for Primary Care

Improving the Awareness and Responsiveness of Primary Care to Gambling Harms

Royal College of General Practitioners

RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

GambleAware®

National Gambling Treatment Service

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FOREWORD:

For too long, gambling addiction and the problems it causes individuals, their families and their communities has sat at the fringes of primary care health services. This is despite general practice offering over three hundred million appointments a year in England. Primary care continues to represent an untapped resource for problem gamblers. The reasons for this are complex and include general practice not being seen by patients as a natural place to take these concerns, but also an issue of awareness or responsiveness in primary care.

The view that more should be done to address problem gambling in primary care (and more widely in the NHS) is not new: The British Medical Association in its publication, *Gambling Addiction and its Treatment Within the NHS: a Guide for Healthcare Professionals*, called for all healthcare professionals to be aware of problem gambling and common comorbidities, and specifically highlighted the need for '*education and training … in the diagnosis, appropriate referral and effective treatment of gambling problems'* to be addressed within GP training.

In 2019, Simon Stevens, NHS England chief executive, stated in the NHS Long Term plan that "*The links between problem gambling and stress, depression and mental health problems are growing and there are too many stories of lives lost and families destroyed……we need to be clear – tackling mental ill health caused by addiction is everyone's responsibility – especially those firms that directly contribute to the problem*." [1]

The aims of the framework are as follows:

- To provide a set of professional competencies to assess, treat and manage problem gamblers. These have been developed in partnership with relevant stakeholders.

- This framework will support primary care, which includes GPs and other members of the primary care team, to build up the appropriate knowledge, skills and attitudes to be competent in identification and management of gambling disorders.

- To provide competencies that are tiered to ensure the role adequacy of the individual involved with gambling disorders.

- To develop, following on from the competency framework, a curriculum of educational requirements and a training programme to equip the primary care team with the appropriate skills and knowledge.

[1] NHS Long Term Plan- https://www.longtermplan.nhs.uk/

The document has been written in consultation with:

- Royal College of General Practitioners (RCGP)
- Royal College of Psychiatrists (RCPsych)
- Royal Society for Public Health (RSPH)
- GamCare
- GambleAware
- CNWL National Gambling Clinic
- Gordon Moody Association
- Action on Addiction
- SMMGP

This framework has been commissioned by GambleAware and is led by the Primary Care Gambling Service (PCGS, through the Hurley Group Practice). This is a new, GP led, primary care based, integrated-intermediate service, which forms a bridge between existing community and specialist-based services and the National Problem Gambling Service.

The Framework is designed to describe the breadth of skills required to ensure the provision of safe, effective and high quality support to problem gamblers by medical and non-medical practitioners. The importance of other health care professionals in the delivery of care is vital given the broadening workforce in primary care within Primary Care Networks. Such care is expected to occur as one of a series of integrated options within an agreed local or national framework. This does not preclude commissioners from developing specialist services using other practitioners, for example, psychiatrists. Commissioners need to continue to provide and link up enhanced primary care provision with ongoing support from specialists.

Terminology

For the purpose of this document the following terminology will be used

GPwER – general practitioner with extended role
PwSI – practitioner with special clinical interest
PCN – Primary Care Network of which there are 1,250 in England caring for 30,000 to 50,000 patients each, bringing together general practices to work alongside other health and social care providers

1.Introduction

General practice NHS services represent a universal life-long gateway to physical, mental and social care. There is a pressing need to improve the knowledge, skills and competence of all primary care staff in addressing issues related to gambling disorder. Most problem gamblers go unrecognised and the health needs arising from their gambling go unaddressed. This may be for various reasons, such as a reluctance in patients to disclose the role gambling has in contributing to negative health outcomes. In addition, healthcare professionals' have low awareness of problem gambling issues linked to their limited knowledge regarding how to identify and assist patients experiencing gambling-related harm. Currently, due to this lack of experience and understanding, when gambling related harm is successfully identified primary care teams are not good at addressing the issues and helping guide patients to the right support systems. This is exacerbated by the problem being regarded by many as solely a social issue rather than a health issue.

The case for primary care to take greater responsibility:

- Untreated problem gambling impacts negatively on the individual and their family while leading to significant burden on wider society.
- International research has shown the prevalence of gambling disorders in primary care attendees to be around 6%.
- Problem gamblers have high rates of physical and psychiatric comorbidity, which often provide the underlying reason for presenting in primary care.
- Validated and easy-to-use screening tools are available for use in primary care but are not currently adopted.
- There are specialist services that offer effective treatments which GPs and patients can access.
- GPs have the opportunity to play a crucial role in helping patients with gambling disorders access support by adopting screening tools, offering brief interventions, onward referral, and treatment where appropriate
- The COVID-19 pandemic has the potential to worsen problem gambling, causing the adoption of higher risk online behaviours. This may impact financial and psychological well-being due to people having more disposable time and greater social isolation.
- 98% of general practices are part of the new Primary Care Network architecture, allowing them to more easily adopt a more holistic approach to care. This could form the basis for a more hub and spoke approach to care, integrated with mental health and secondary care specialist input.

This framework seeks to address the gaps in raising patient awareness and clinician confidence in the support problem gamblers can receive through, the primary care pathway. It represents an opportunity to support individuals and release families from the blight that gambling disorder brings.

1.A. Why Now?

There is a growing awareness of the importance of general practice in identifying and where possible managing patients with gambling related harm.

With the development of Primary Care Networks there is the establishment of social prescriber link workers and a greater appreciation of how to provide joined up care that reaches into the community and is not limited by traditional service delivery boundaries. This provides a unique opportunity to harness this potential. Social prescribers can be an important group to help provide case management to patients in primary care settings.

Building on PCGS, there is an ambition to establish a national (England-wide) hub and spoke model of service delivery, building a cadre of general practitioners, nurses and others with special clinical interest in gambling. This expertise would lead services across the seven proposed English regions, 42 Integrated care services and 1,250 Primary Care Networks.

1.B. Diagnostic Criteria and Problems Faced

DSM 5 Diagnostic Criteria: Gambling Disorder

A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12 month period:

- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Is restless or irritable when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- Lies to conceal the extent of involvement with gambling.

- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

- Relies on others to provide money to relieve desperate financial situations caused by gambling.

Pathological gambling can have many diverse and unintended consequences:

- From a physical perspective, pathological gamblers are at increased risk to develop stress-related conditions, such as hypertension, sleep deprivation, cardiovascular disease, and peptic ulcer disease.

- Unintended psychological consequences may also include intense levels of guilt and shame, deceptive practices, and heightened impulsivity and impaired decision-making. Common psychiatric sequelae include initiation or exacerbation of anxiety disorders, major depressive episodes, suicidal ideation, and substance misuse disorders.

- The social consequences of pathological gambling often range from strained interpersonal relationships, lost productivity at work, loss of job, financial problems, and issues with the criminal justice system.

Wider public health research gives a clearer picture of those who are likely to be more vulnerable to gambling harm which includes ethnic minorities, low IQ, youth, and those with poor mental health or substance misuse issues.

1.C. Management Issues

Managing problem gamblers can be challenging as there are several barriers to identifying and helping them, and for them to be accepting of that help.

These include:

- They may not perceive it as a problem, even though it clear to everyone else
- They may not realise that primary care has anything to offer
- They may see it as self-inflicted, so feel responsible for resolving it themselves
- They may find it difficult to disclose due to stigma, prejudice, shame and possibly fears over the issue remaining confidential from others
- They may have personality related factors or mental health co-morbidities
- They may have concerns about professional implications including recording of the issue in their medical records, causing detriment to career progression, attaining insurance, or the impact of having time off work.

As a result of these issues there is a tendency to present late, often as a result of the sequelae of the disorder rather than the disorder itself. Nevertheless, there is

evidence that when engaged in treatment, outcomes amongst problem gamblers can be improved.

There is evidence that gambling can be successfully treated in the same way as other addictions.

Cognitive behavioural therapy focuses on identifying unhealthy, irrational and negative beliefs and replacing them with healthy, positive ones. There is also emerging evidence suggesting virtual reality may enhance CBT outcomes further.

Antidepressants and mood stabilizers may help problems that often go along with compulsive gambling — such as depression, OCD or ADHD. Medications such as narcotic antagonists, Naltrexone, useful in treating substance abuse, may be helpful in gambling disorders.

Some people find that family therapy or talking with others who have a gambling problem may be a helpful part of treatment in self-help groups. Recent pilot and clinical case studies have demonstrated that weekly mindfulness therapy sessions can lead to clinically significant change among individuals with gambling problems.

Given the high levels of complexity of problems presented, combined with the described barriers to accessing care it is important that mechanisms are found to increase the capacity for effective treatment services for problem gamblers.

1.D. Service Issues

Generic Issues for Commissioning Services

The definition of a practitioner with core skills in the provision of a clinical service to individual patients, and therefore a direct clinical care element, must be included in any problem gambling service.

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

In addition, the complexity of problems presented requires expertise in understanding not just the illness presented but also the context, and ideally needs to be encapsulated within a multi-professional model.

The management of gambling disorders encompasses a large range of clinical conditions, age groups, treatment modalities and other interventions, and to suggest that a single framework could include all of these is not appropriate. This framework

should act as a guide as to the potential roles of health professionals and should not be seen as exhaustive.

Generic Roles of Health Professionals in the Management of Gambling Disorders

Leadership and championing

Recognition, diagnosis, and assessment

Care planning

Referral and signposting

Specialist prescribing and monitoring

Education and training

Joint / partnership working with other practitioners across the health community

The core activities of a Health Professional will vary, dependent on local needs, resources, skills and experience of the clinician, type of service being offered (for example, specific and time limited intervention vs. longer term monitoring). Within different models of service, it is expected that a health practitioner could provide aspects of the following:

Clinical

- ✓ First contact care and assessment for patients referred for care
- ✓ Continuing care and signposting to provision of a range of clinical interventions as appropriate, such as CBT and group therapy
- ✓ Referral for specialist assessment or treatment
- ✓ Assessment of physical and mental health comorbidities
- ✓ Case management

Education and Liaison

- ✓ Provide advice and liaison to other practitioners
- ✓ Provide support and training to other health and related practitioners in areas related to identification and brief intervention of gambling disorders and gambling related harm
- ✓ Participate in education and training activities
- ✓ Liaise with other practitioners involved in the care of gambling disorders

Leadership/Service Development

- ✓ Work with local stakeholders to develop service models including liaising with social prescribing networks
- ✓ Carry out and/or contribute to research into issues relating to gambling disorders and the effectiveness of clinical interventions

- ✓ Develop links with other professional groups and support services for the effective shared care of gambling disorders
- ✓ Support and develop the role of the expert patient
- ✓ Become involved in integrated training programmes across primary/secondary and third sector care.

Other

- ✓ Patient advocacy
- ✓ Mentoring
- ✓ Reports to criminal justice, housing, education

1.E. Different Models of Service Delivery

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

- Central expert assessment and/or treatment service with locally based continuing care (hub and spoke)

- Strategically located expert assessment and/or treatment services with smaller locally based continuing care (multiple hubs and spoke)

- Locally based assessment, treatment and case management services, incorporating multi-professional and multidisciplinary teams (multiple hubs)

- Small locally based expert assessment and/or treatment service with local on-going treatment and case management (small hubs and spokes)

- Telephone/IT based resource models

The exact model and physical location of any service will depend on local circumstances but ideally should include access to specialist practitioners, a support and continuing professional development network and resources to provide a choice of day, in- and outpatient care.

Examples *of Specialist Treatment* Services

Central and North West London NHS Foundation Trust (London Problem Gambling Clinic) offers:

Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GamCare

GamCare provides free, specialist treatment for anyone experiencing difficulties resulting from a gambling problem. They also run the National Gambling Helpline, providing information, advice and support for anyone affected by gambling.

Gordon Moody Association offers:

- Residential Treatment Centres – two unique specialist centres, providing an intensive residential treatment programme for men with a gambling addiction.
- Recovery Housing – specialist relapse prevention housing for those who have completed the treatment programmes requiring additional recovery support.
- Retreat & Counselling Programme – retreat programmes for women-only-cohorts and men-only-cohorts which combine short residential stays with at-home counselling support.

NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust offers:

Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

Primary Care Gambling Service (PCGS)

PCGS is a primary care led service that provides a multidisciplinary approach for those with a gambling addiction. The service offers holistic and wraparound treatment to all patients including those with a complex medical background and comorbidities. The service is also raising the awareness of Gambling by educating primary care teams and highlighting the services available for patients nationally. The Gambling Competency Framework is a product of the PCGS.

2. Infrastructure Requirements: Support and Facilities Required

2.A. Service Level Arrangements

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

This will include specifications as to:

Type of service to be delivered
How referrals are received

- Waiting times
- Means of communication between referrer and PwSI
- Number of work sessions
- Location of the service
- Contact with other health professionals
- Contact with specialist or other practitioners with special interest
- Methods of maintaining confidentiality
- Policy for communicating with the patients' GP
- Policy for dealing with incidents or concerns or complaints relating to professional or service delivery
- Methods of assessing and managing risks associated with delivery of care
- Requirements for quality assuring the delivery of services and complying with regulatory requirements.

2.B. Governance

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

- ✓ Direct access to, and support from, specialists (for example: psychiatrists, GPs, occupational health physicians and other practitioners with specialist interest in treating gambling disorders)
- ✓ Clinical and administrative support available as required for the particular service
- ✓ Adequate means of record keeping
- ✓ Education and/or mentoring support and clinical network facilities
- ✓ Appropriate support to facilitate effective audit of quality
- ✓ Access to educational material / clinical reference databases (including supported learning events and conferences)
- ✓ Practitioners are expected to keep their facilities up to date, in keeping with national guidance, and to ensure that their patients have access to any new treatments suited to the setting.
- ✓ Clear lines of responsibility and accountability for overall quality of clinical care
- ✓ Monitoring **of clinical care:** including patients' experience
- ✓ Workforce **planning and development:** continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning; succession and contingency plans will be in place; service users will be involved and their opinions taken into account
- ✓ **Risk management programmes:** included in clinical risk management, policies on patient safety, confidentiality and handling complaints
- ✓ **Poor performance management:** all organisations should have systems in place for identifying poor professional performance
- ✓ Access to advice with respect to Regulatory Process linked to this is the 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
- ✓ **Systems for maintaining enhanced confidentiality**, such as:
  - Adequate means of keeping confidential records, ideally separated from any other clinical records and accessible only by the PwSI or others involved in the care of the gambling disorder patients
  - Information Governance, including confidentiality and data protection policy, for example, secure and locked paper records, password limited access to electronic records and processes for record sharing and for sending data electronically

2.C. Standards

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

3. The Competencies Required

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

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

3.A. Generalist Competencies

The practitioner with special clinical interest is expected to demonstrate that he/she is competent and an experienced generalist, as well as having the specific competencies and experience for gambling disorder patients. Generalist skills can be assessed in a number of ways, but are readily demonstrated by an acquisition of completion of certificate specialty training (CCST) and Membership in Good Standing of the relevant Royal College

The competencies required to carry out the PwSI work are seen as a development of generalist skills, and include

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

3.B. Specific Competencies

The PwSI should be able to show knowledge and skills reflecting a higher level than those acquired by non-specialist colleagues whilst recognising the limitations of their own knowledge and competence.

Competencies of clinicians may be viewed across the following domains: advice, identification, assessment, patient management, training supervision and teaching, research and audit, and management and service development.

The exact competencies required will vary according to a number of different factors associated with the PwSI, the service being delivered and the needs of the practitioner-patient. However, it is expected that all PwSIs would possess a number of core competencies, as below.

COMPETENCY 1:
An awareness of Gambling related harm:

Knowledge:
1KA: An awareness of what is gambling and the types of gambling available in society
1KB: Knowledge of the definition of gambling related harm
1KC: An awareness of the individual, societal and environmental processes that can contribute to harm from gambling activity
1KD: An awareness of the financial impact, psychological and physical health impact, relational, work/professional disturbances, cultural harm, and criminal implications from gambling activity
4KD: Knowledge of the Cycle of Change model
1KF: Knowledge of basic motivational interviewing concepts
1KG: Knowledge of the theory of brief interventions, how they used and how they can utilised in your setting. This would include stimulus control and self exclusion.
Skills:
1SA: Ability to identify opportunities to raise the issue or impact of gambling in a timely manner
1SB: Competence in administering opportunistic basic brief interventions
1SC: Competence in using basic motivational interviewing techniques in consultations
Attitude:
1AA: Maintain a non-judgemental approach to patients who are involved with gambling
1AB: Normalise conversations around gambling with patients

COMPETENCY 2 :
To be able to recognise Gambling Disorders in patients

Knowledge
2KA: Knowledge of the definition of problem gambling and gambling disorders including diagnostic criteria
2KB: Knowledge of the theories of gambling disorder behaviour
2KC: Knowledge of gambling types (for example, action/escape gamblers & pathways model)
2KD: An understanding of the behavioural, social, psychological and personality factors that can contribute to gambling disorders
2KE: An awareness of risk factors/vulnerable groups to gambling disorders
2KF: Awareness of the physical, psychological and psychiatric co-morbidities that maybe present with gambling disorders and the indirect ways patients with this problem may present in different health settings
2KG: An awareness of various validated screening tools available for gambling disorders
2KH: An awareness of resources and services available in the community (including locality specific)
2KI: Knowledge of up-to-date Gambling Regulations
2KJ: An understanding of the role and value of peer mentors/experts by experience
Skill
2SA: Ability to have discussions with patients about gambling disorders
2SB: To be competent in screening for gambling disorders
2SC: Ability to refer patients to appropriate treatment services in a timely manner
2SD: Ability to assess the wider impact of gambling on patients family
Attitude
2AA: To be able to sensitively explore patient's ideas, concerns and expectations

COMPETENCY 3 :

To carry out an initial assessment of the particular needs of the gambling disorder patient

Knowledge
3KA: Knowledge of diagnosis and natural history of gambling disorders
3KB: Knowledge of population trends in gambling disorders
3KC: Knowledge of the multiple factors that affect and are affected by gambling
3KD: Knowledge of medical or pharmaceutical contributors to gambling disorders
Skills
3SA: Ability to establish rapport and engage the patient in their presenting complaint, treatment and needs
3SB: Ability to be flexible and holistic in approach to patients to deal with the interplay of physical and mental health, employment, relational, educational, criminal, and social issues impacting on them
3SC: Ability to carry out detailed history of gambling problems and activities
3SC: Competence in carrying out brief assessment of physical health needs
3SD: Competence in carrying out brief assessment of mental health needs
3SE: Competence in assessing for co-morbid addiction disorders including substance misuse and other behavioural addictions
3SF: Ability to assess the needs of the patient's family and others as appropriate
3SG: Awareness of vulnerable patient groups and situations. Including patients with parkinsons disease and intellectual disability
Attitude
3AA: Show tact and empathy
3AC: Appreciate cultural, religious and language issues and barriers
3AD: Appreciate the role of other professionals involved in care
3AE: Appreciate the importance of confidentiality

COMPETENCY 4 :

Being able to manage and treat Gambling Disorders

Knowledge
4KA: Familiarity with national and international guidelines with respect to gambling disorders
4KB: Knowledge of the spectrum of treatment theories from harm-reduction to abstinence-based treatment

4KC: Knowledge of biopsychosocial model of gambling and recovery
4KD: Awareness of the Gambling Action Cycle
4KE: Awareness of theories of Chance, Luck & Skill
4KF: Awareness of cognitive strategies, behavioural strategies, value-based strategies, emotionally focused strategies, relapse prevention management strategies, relational strategies, and mindfulness in gambling Disorders
4KG: Knowledge of pharmacological adjuncts in the treatment of gambling disorders
4KH: Awareness of the role/importance of peer mentors in recovery processes
4KI: Knowledge of community and residential options for treatment
4KJ: Knowledge of local and national commissioning processes for gambling disorders
Skills
4SA: Competence in applying relevant psycho-educational interventions including motivational interviewing techniques
4SB: Ability to provide or refer on for appropriate pharmacological intervention for the treatment of gambling disorder
4SC: Ability to provide or refer on for appropriate pharmacological intervention for other mental health disorders including other addiction disorders
4SD: Competence in collaboratively creating relapse prevention plans with patients
Attitude
4AC: Have an open manner to reduce stigma among patients and other health professionals in people seeking help for gambling

COMPETENCY 5 :
To be able to assess and manage relevant risk

Knowledge
5KA: A knowledge of the various risk fields affecting those with gambling disorders (i.e. physical, mental, financial, violence, criminality)
5KB: An understanding of the wider impact of gambling on the family, hidden harm to children and the impact of intergenerational gambling
5KC: Knowledge of risk assessment tools available
5KD: Knowledge of local and national bodies that maybe involved with the patient i.e. Social services, MAPPA, Child & Family services
5KE: Knowledge of services/resources that may help with protecting finances from gambling
Skills
5SA: Ability to formulate risk and management plans both in emergency and for continuing treatment
5SB: Competence in screening for interpersonal/domestic violence & making risk contingency plans for these

5SC: Competence in assessing and managing for co-morbid physical and psychiatric illness including suicidal risk and other addiction disorders and assessing their impact on patient's risk
5SD: Competence in assessing financial risks, identifying debt & provide advice/ redirection to resources that can help mitigate these.
5SE: Be able to identify and act on any risks around financial exploitation to the patient or from the patient
5SE: Ability to work collaboratively with other services/professionals involved in patient care
Attitude
5AA: Appreciate the flexibility needed in approach to changing treatment modality as needed based on identified risk

COMPETENCY 6 :
Being able to undertake a case management role

Knowledge
6KA: Knowledge of case management functions and their benefits
6KB: Knowledge of the roles of the different professionals involved in the care of a patient
6KC: Knowledge of various organisations (within NHS and third sector) who could contribute towards care of patient
Skills
6SA: Ability to identify relapse triggers/prodromes to relapse and respond promptly
6SB: Ability to formulate timely and appropriate management/treatment plans
6SC: Ability to coordinate the patient through all aspects of their care both within your service and others and coordinate their journey both through the community and on residential setting
6SD: Ability to empower practitioner-patients to be active in their own care and to take on an appropriate degree of self-care
Attitude:
6AA: Champion co-production of care plans with patients

COMPETENCY 7:

Being able to assess the need for, organise and deliver health promotion to patients and wider population

Knowledge
7KA: An understanding of the major risks relevant to this population
7KB: An understanding of the principles of health promotion and education relevant to this population
7KC: Knowledge of relevant national and local support agencies
7KD: Understand the effective implementation of national guidelines including NICE guidelines and technology appraisal
Skills
7SA: Ability to participate in the delivery of health education
7SB: Competence in liaising with other health professionals for improving health in your area
7SC: Be able to disseminate up to date expert knowledge of research to patients and relevant stake holders
7SD: Be able to lead on education and training of colleagues in this subject
7SE: Show leadership to supervise and lead multi-disciplinary team (MDT) meetings and review and supervise implementations of care plans by colleagues in the MDT
Attitude
7AA: Be proactive and enthusiastic in health promotion in the patient population and amongst other health care professionals.
7AB: Be innovative in reducing stigma of gambling in society
7AC: Encourage creation of network of peer support/ expert by experience
7AD: Be proactive in keeping up with own professional development in this area

4.Teaching and Learning:

4.A. Theoretical Training

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

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

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

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

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

This can be acquired in different ways, such as:

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

4.B. Practical Training

This will be determined by the particular specialty of the medical practitioner and the roles expected to be undertaken.

Clinical supervised experience is essential to enable the development of skills. The number of new and follow up patients seen should be sufficient (ideally at least 4

per year) to ensure that the practitioner is able to meet the competencies of the service requirements, the skill being assessed and the level of expertise required.

Ways in which this practical training can be achieved include:

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

4.C. Specific Learning/Teaching Methods

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

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

4.D. Mix of Theoretical Training, Supervised Practice & Competency-based Assessment

Many universities, Royal Colleges and Training Institutions are developing training modules that include theoretical training followed by supervised practice and formal competency-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competency-based assessment is likely to become widely accepted, mirroring the 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 PwSIs.

5. Assessment; Evidence of Acquisition of Competencies

This involves determining the evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework.

The assessment of individual competencies will be undertaken by a combination of some (but not all) of the following:

AREA	EXAMPLE
General	Observed practice using mini clinical examination • Case note review • Demonstration of skills under direct observation by a specialist clinician
Peer Feedback	Reports from senior professionals in the multidisciplinary team (using multi-source appraisal tools)
Patient Feedback	Patient survey
Practice	Workplace visits reports Extended practice evidence
Audit	Effectiveness of therapeutic interventions and outcomes
Educational, and Development	Simulated role play objective structured clinical examination (OSCE) • Case base discussion • Reflective practice • Further training • Logbook/portfolio of achievement • Observed communication skills, attitudes and professional conduct • Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment); and • Evidence of gained knowledge via attendance at accredited courses or conferences • Evidence of completion of relevant e-learning modules
Governance	Documentation of compliance with relevant clinical governance policies and protocols

Whilst it is envisaged that competency will be assessed across many of the clinical domains, it is expected that the assessment process will be tailored towards the service that the PwSI will deliver. This will be agreed between the trainer and trainee at the start of the training.

6. Accreditation, Maintenance of Competence and Re-accreditation

The current guidance in the RCGP Generic Framework document details the support and governance of the GPwER.

GPwERs will demonstrate continued competence through the annual (full scope of practice) medical appraisal, with a structured input from their extended scope of practice.

The framework is intended to also be useful for other groups including specialty - specific groups, employers and commissioners. It will be regularly reviewed by the RCGP.

In addition to following the generic framework GPwERs and other speciality groups should contact providers and commissioners to understand local requirements.

6.A. Suggested Requirements for PwSi Accreditation of Managing Gambling Disorder Patients:

At the time of writing there is no specific course/curriculum/training programme for potential PwSI. It is hoped that this will be addressed as a matter of urgency so that potential PwSI can address their learning needs in a high quality educational process.

6.B. Maintenance of Competence:

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

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

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

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

- It is important to maintain a clinical caseload of at least 4 patients with problem gambling per year
- Ideally, there should be at least a three monthly discussion of cases with specialist practitioner and as an opportunity for CPD
- Arrangements for this should be agreed at the end of the training programme

It is also expected that practitioners will:

- Be actively involved in local or National Gambling Services
- Maintain their competencies
- Contribute to clinical audits/research/development

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

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

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

6.C. Revalidation:

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

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

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8. Appendix 1: Support Services Available to Problem Gamblers Across UK

The **National Gambling Treatment Service** is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms, free to access across England Scotland and Wales.

Wherever someone makes contact throughout this network these providers work alongside each other through referral pathways to deliver the most appropriate package of care for individuals experiencing difficulties with gambling, and for those who are impacted by someone else's gambling.

The National Gambling Helpline is operated by GamCare and offers:

- Telephone and live chat support – it is the easiest and quickest way for most people to connect with the service(s) or support that can best help them. The HelpLine is available 24 hours a day, every day of the year. It can provide brief interventions and make referrals into other treatment options across the network.
- GamCare also offers a moderated online Forum and daily online group chatrooms to enable those affected by gambling problems to connect with others in similar situations, share their experience and support one another.
- Online treatment supported by regular contact with a therapist, which can be accessed at a time and place convenient for the client over the course of eight weeks.
- One-to-one face-to-face, online and telephone therapeutic support and treatment for people with gambling problems as well as family and friends who are impacted by gambling.
- Group based Gambling Recovery Courses delivered face-to-face or online for between six to eight weeks.

Gambling Support Service – provided by Citizens Advice (in 12 regions across England and Wales) who screen potential clients for gambling harms and provide brief intervention. Citizens Advice Scotland mirror this service currently in 4 regions. You can find more about the work here (under workforce development). These 2 services along with the NGTS network are also GambleAware funded.

Gamblers Anonymous UK Gamblers Anonymous UK runs local support groups that use the same 12-step approach to recovery from addiction as Alcoholics Anonymous. There are also GamAnon support groups for friends and family.

All Out South

All Out delivers the GamCare service in Cornwall. All Out, which works exclusively with problem gamblers and families, have a network of specialist counsellors.

- Tel: 07851 494 927
- Website: www.alloutsouth.org.uk

Aquarius

Aquarius delivers the GamCare service in the Midlands. Aquarius was established in 1977 to provide residential services for people with alcohol problems and now provide a range of counselling and support services.

- Birmingham and Solihull surrounding areas Tel: 0300 456 4293
- Wolverhampton and surrounding areas Tel: 0300 456 4293
- Northampton and surrounding areas Tel: 0300 456 4293
- Nottingham: 0300 456 4293
- Derby: 0300 456 4293
- Leicester: 0300 456 4293
- Telford:0300 456 4293
- Shropshire: 0300 456 4293
- Website: www.aquarius.org.uk

ARA (Recovery for All)

ARA delivers the GamCare service in Wales, Gloucestershire, Bristol, Newport, Bristol and surrounding areas. ARA is a treatment and support services working to reduce the harm caused by substance misuse and gambling addiction, and the consequent damage to individuals, their families and communities.

- Tel. 0330 134 0286
- Website: www.recovery4all.co.uk

Beacon Counselling Trust

The Beacon Counselling Trust delivers the GamCare service in Liverpool, Wigan, the North West, Greater Manchester and surrounding areas. The Beacon Counselling Trust employs fully qualified therapists who have extensive experience working with a wide range of personal and workrelated problems.

- Liverpool, Merseyside and the Wirral Tel: 0151 321 1099
- Blackpool Tel: 0125 349 1099
- Wigan and Leigh Tel: 0151 321 1099
- Greater Manchester Tel: 0161 635 1099
- Cumbria and surrounding areas Tel: 0151 321 1099
- Website: www.BeaconCounsellingTrust.co.uk

Breakeven

Breakeven delivers the GamCare service in Kent, Sussex, Essex, Cambridgeshire, Norfolk, Suffolk and South Lincolnshire. Breakeven are experienced practitioners who are trained specialists in working with problem gambling.

- Tel: 01273 833722
- Website: www.breakeven.org.uk

Derman

Derman provides a Turkish language service in partnership with GamCare. Derman provides a range of health-related services to Kurdish, Turkish, Turkish Cypriot and Eastern European Turkish people in Hackney.

- Tel: 020 7613 5944
- Website: www.derman.org.uk

Krysallis

Krysallis delivers the GamCare service in Harrogate, Bradford, and East Yorkshire. Krysallis is a private practice offering coaching, counselling and wellbeing services to individuals, groups and organisations.

- Tel: 01423 857939
- Website: www.krysallis.org.uk

Leeds Community Gambling Service

The Leeds Community Gambling Service offers a range of support which can be provided face-to-face, online or over the phone. We can support you if you are a gambler, or if you are affected by the gambling behaviour of a family member or friend. All of our services are free of charge and completely confidential.

0113 388 6466 or email Leedscommunitygamblingservice@gamcare.org.uk

NECA (North East Council on Addictions)

NECA delivers the GamCare service in the North East, as well as York, Scarborough and Whitby. Established in 1974, NECA is a registered charity promoting the prevention, recognition and treatment associated to use and misuse of substances including alcohol, drugs and gambling.

- Tel: 0191 562 3309
- Website: www.neca.co.uk

Options

Options delivers the GamCare service in Southampton, Basingstoke, Oxfordshire, Hampshire, Salisbury and Milton Keynes. Options is a professionally accredited counselling service covering alcohol and substance misuse/addiction, as well as gambling for individuals and workplace programmes for businesses.

- Tel: 023 8063 0219
- Website: www.optionscounselling.co.uk

RCA Trust (formerly The Renfrew Council on Alcohol)

The RCA Trust delivers the GamCare service in Scotland. The RCA Trust (formerly The Renfrew Council on Alcohol) was established in 1977 and is one of the major community-based prevention and treatment services in Scotland.

- Tel: 0141 887 0880

Steven James Counselling

Steven James Counselling delivers the GamCare service in Exeter, North Somerset, Poole and Plymouth. Steven James Counselling offers a general counselling service, as well as specialising in the field of gambling, drug and alcohol problems, eating disorders and blood borne viruses.

- Tel: 01202 740 044
- Website: www.sjcounselling.co.uk

9. Appendix 2: Links to Other Resources and Implementation Tools

Self-exclusion from Online Gambling

- If you would like to self-exclude from online gambling you can visit GAMSTOP (www.gamstop.co.uk) which now enables UK and NI residents to exclude themselves from all gambling sites licensed to operate in Great Britain. It is a FREE service and easy to register for a period of 6 months, 1 year or 5 years.

- If you would like to exclude from just one online gambling company, go to the website of the operator with whom you have an account. Find the page called 'Responsible Gambling' or 'Safer Gambling' and you should find information about self-exclude. If you cannot find out how to self-exclude, or if this is not an option (i.e. how to close your account), then contact their customer services team over the phone, via email or live chat.

Self-exclusion from one arcade, betting shop or casino:

- Visit the venue you want to self-exclude from
- Speak to the shop manager or a member of staff, let them know you want to self-exclude
- You don't need to take any money, bank or credit cards with you
- Take a couple of passport size photos to go on the form; this can help the staff to identify you
- You will be given a copy of the self-exclusion form for your records

Self-exclusion from more than one bookmaker/betting shop in your area:

Please note this scheme is not operated by GamCare – if you have any questions or queries about your registration please call the number below.

To self-exclude from more than one shop or several gambling companies in your area, call **0800 294 2060**.

To view and download a copy of the Terms and Conditions go to: self-exclusion.co.uk

Self-exclusion from all UK casinos

To self-exclude from all land based UK Casinos, please visit: nationalcasinoforum.co.uk/voluntary-self-exclusion-sense/

Self-exclusion from UK bingo venues:

For more information on self-excluding from all land-based bingo venues in the UK, please visit the Bingo Association website.

Self-exclusion from arcades and gaming centres:

For more information please visit the Bacta website.

Blocking software

Blocking software is a computer programme that limits access to websites or other services available over the internet.

There are two kinds of blocking software available:

1. **Gambling-specific blocking software**, which is designed to block gambling websites.

   Gamban, Gamblock, Betfilter, BetBlocker

   These are examples of gambling-specific blocking software – please note there may be fees for this software:

   www.gamban.com (Mac OS X, Windows, Android and iOS)

   Customers can register through 'Help with Gambling' pages accessed via the Lloyds, Halifax, Bank of Scotland and MBNA websites.

   www.gamblock.com (Windows computers and Android phones)

   www.betfilter.com (Windows, Mac, Android and iOS)

   https://betblocker.org/ (Windows, Linux and Mac)

2. **General blocking software,** which is designed to block any sites you want and set access permissions or parental controls.

www.netnanny.com – Netnanny is a general blocking software and has capability on Windows computers, ioS, and Android phones.