Capabilities in addressing gambling harms

A curriculum for primary care
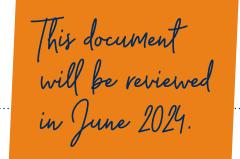
Royal College of General Practitioners

GambleAware

Context

The 2019 NHS Long Term Plan recognised the link between gambling harms and the health and social consequences for individuals and families. In response to this, a multi-agency stakeholder group published 'A Gambling Competency Framework for Primary Care – Improving the Awareness and Responsiveness of Primary Care to Gambling Harms', 2022.

A hub and spoke model of service delivery was proposed, utilising the skills of primary care professionals who have additional training and special clinical interest in gambling. The framework provides the rationale and a structured approach to diagnosis and management of gambling harms in primary care. It also makes detailed recommendations for infrastructure, delivery of services, and their governance and standards.

An essential component of the original framework was identifying the specific competencies required of practitioners in delivering such a service. To provide a separate educational focus, this curriculum describes the relevant learning outcomes, and their relationship to learning resources, teaching methods and a blueprint for which might support acquisition and assessment of the relevant capabilities. It should be considered as a companion document to the original framework described above.

This document will be reviewed in June 2024.

The curriculum

INTRODUCTION

The practitioner with special clinical interest (PwSI) is expected to demonstrate that he/she is a competent and an experienced generalist, as well as having the specific capabilities and experience relevant to people with gambling disorders. Capabilities are, by definition, individual and context specific. Some of the elements of this curriculum will therefore have more importance depending on role and specialty. They have been subdivided into the following headings:

1.
Core generalist capabilities

2.
Capabilities in tackling stigma

3.
Capabilities for adopting a personalised care approach

4.
Capabilities specific to gambling disorders and gambling-related harms

Relevant learning outcomes have been described and grouped under each capability. They are intended to provide the basis for constructive alignment of learning methods and allocation of educational resources. The learning outcomes have been blueprinted to the teaching and training methods in Section 4 of the framework.

1. CORE GENERALIST CAPABILITIES

Descriptor

Capabilities required to carry out the PwSI work are seen as a development of established generalist skills. The learning outcomes which we consider important for this framework are described below.

Learning outcomes

- Recognises the importance of, and can utilise excellent communication skills.

- Appreciates the need for, and demonstrates, excellent record-keeping, and ensures confidentiality.

- Understands and adopts an appropriate and non-judgemental attitude and is able to recognise their own limitations in expertise or knowledge, referring to others as necessary.

- Knows and critically evaluates services relevant to the management of people with gambling disorders.

2. CAPABILITIES IN TACKLING STIGMA

Descriptors

- Recognises the negative consequences of gambling and gambling harms.

- Understands how discrimination can originate from the stigmatising process of labelling, negative stereotyping, and separation into 'us and them'.

- Has awareness that blame, or a narrative focussing on the 'problem' rather than the 'person with a problem' reinforces a negative self-image and feelings of disempowerment which create barriers to accessing help.

- Is sensitive to the added burden of gambling harm to those with other existing health conditions and already marginalised groups in society.

- Engages with people with lived experience of gambling harm to raise awareness and improve understanding amongst colleagues.

- Understands the political, social and economic contexts of gambling harm and stigma.

Learning outcomes

- Understands the stigmatising process and is equipped to challenge its harmful consequences.

- Is aware of the health, sociodemographic and behavioural factors that compound gambling harms and might further marginalise groups and reduce access to support.

- Adopts a non-judgemental approach and can identify and mitigate the impact of unconscious bias, inappropriate language and negative stereotyping.

- Has strategies to normalise conversations that include discussion of gambling harms.

- Is able to empower and motivate people who struggle with gambling (see below).

- Can adopt an evidence-based approach to managing gambling harm which is informed by relevant frameworks.

References

1. Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain A Scoping Review of the Literature. Pliakas,Stang,Siapka. London 2022.
2. 10 ways to reduce stigma when discussing gambling harms, Sign Salad & GambleAware, 2023 [Due to be published]

3. CAPABILITIES IN ADOPTING A PERSONALISED APPROACH

Descriptors

- Recognises that gambling harm can only be understood and addressed in the context of the whole person and their circumstances.
- Understands that harmful gambling behaviours might have originated as a 'solution' to underlying difficulties and explores the causes more deeply than simply viewing gambling as the primary 'problem'.
- Adopts an approach of 'what matters to you' rather than 'what is the matter with you'.
- Understands that they need to work in partnership and share decisions.
- Able to provide information, resources and support to make informed choices in recognition of the strengths and attributes they possess that can be utilised to manage their own wellbeing.

Learning outcomes

- Is able to engage with people with gambling difficulties – develops rapport and normalises the conversation to create a safe environment in which to share thoughts and emotions that can be integrated into the discussion.
- Can utilise the skills required for meaningful communication and building relationships such as active listening, open communication styles, language, non-verbal communication.
- Recognises that cultural, religious beliefs and language can present both opportunities and barriers.
- Can identify and share an understanding of what is important to the person in the context of the conversation and identify others who play an important part in their lives.
- Able to support people in reflecting on the relationships and connections between their emotions, feelings, and their behaviour.
- Understands skills in motivating, enabling people to identify personal outcomes that are important to them.

Reference

1. A curriculum for Personalised Care. NHSE Personalised Care Institute. London. August 2020.

4. SPECIFIC CAPABILITIES IN GAMBLING DISORDERS AND GAMBLING HARMS

Descriptors

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.

Capabilities 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 capabilities 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 the essential capabilities described below.

Learning outcomes

Capabilities 1–7.

Capability 1

Awareness of gambling related harm

- Knows what gambling is, and the types of gambling available in society.
- Can define gambling related harms.
- Understands the individual, societal, and environmental processes that can contribute to harm from gambling activity.
- Recognises the financial impact, psychological and physical health impact, relational, work/professional disturbances, cultural harm, and criminal implications from gambling activity.
- Is able to identify opportunities to raise the issue or impact of gambling in a timely, appropriate, and non-judgemental manner.

Capability 2

Recognising gambling disorders in patients

- Can define gambling difficulties and gambling disorders including diagnostic criteria and population trends.
- Knows relevant and up-to-date Gambling Regulations.
- Understands theories of gambling disorder behaviour and gambling types (for example, action/escape gamblers and pathways model).
- Understands behavioural, social, psychological and personality factors that can contribute to gambling disorders, and is aware of risk factors / vulnerable groups.
- Is aware of the physical, psychological and psychiatric co-morbidities that may present with gambling disorders and the indirect ways people with this problem may present in different health settings.
- Can competently utilise various validated screening tools for gambling disorders that are used in the community.
- Can undertake discussions about gambling disorders that sensitively and confidentially explore patient's ideas, concerns and expectations and any wider impact of gambling on the family.

Capability 3

Undertaking an initial assessment of people with gambling disorders

- Has knowledge of diagnosis and natural history of gambling disorders, and the multiple factors which affect and are affected by them.
- Is aware of medical or pharmaceutical contributors to gambling disorders.
- Can establish rapport and engage people in recognising they are suffering harm from their gambling, when they present.
- Can adopt a flexible, empathic and person-centred approach that incorporates relevant physical and mental health, employment, relational, educational, criminal, cultural and social issue that may have an impact.
- Can elicit a detailed history of gambling difficulties and activities.
- Is competent in undertaking brief assessments of physical and mental health needs.
- Can assess co-morbid addiction disorders including substance misuse and other behavioural addictions.
- Is able to assess the needs of the person's family and others as appropriate.
- Recognises vulnerable patient groups and situations – including patients with Parkinson's disease and intellectual disability.

Capability 4

Managing and treating people with gambling disorders

- Is familiar with national and international guidelines for managing gambling disorders and knows the spectrum of treatment theories from harm-reduction to abstinence-based treatment.
- Understands the biopsychosocial model of gambling and recovery.
- Is aware of the Gambling Action Cycle.
- Is aware of theories of chance, luck, and skill.
- Knows of the range of management strategies for gambling disorder: cognitive, behavioural, value-based, emotionally focussed, relapse prevention management, relational and mindfulness.
- Understands the cycle of change model and is competent and can apply relevant psycho-educational interventions including motivational interviewing techniques.
- Can use opportunistic basic brief interventions and understands the theory of interventions such as stimulus control and self-exclusion and how they are used.
- Recognises the role and value of peer mentors / experts by experience.
- Knows of pharmacological adjuncts in the treatment of gambling disorders and is able to refer appropriately for pharmacological interventions for gambling disorder or other mental health disorders including addiction disorders.
- Has an awareness of resources and services for treatment available in the community (including locality-specific) including residential options.
- Can collaboratively create relapse prevention plans with patients.
- Has knowledge of local and national commissioning processes for gambling disorders.

Capability 5

Assessing and managing associated risks

- Understands the various risk fields affecting those with gambling disorders (i.e., physical, mental financial, violence, criminality).
- Understands the wider impact of gambling on the family, hidden harm to children and the impact of intergenerational gambling.
- Knows of available risk assessment tools.
- Knows of local and national bodies that maybe involved with the patient i.e., social services, MAPPA, Child and Family Services.
- Knows of services and resources that may help with protecting finances from gambling.
- Can formulate risk and management plans both in emergency and for continuing treatment.
- Is competent in screening for interpersonal/domestic violence and making risk contingency plans for them.
- Can competently assess and manage physical and psychiatric co-morbidities including suicide risk and other addiction disorders and assess their impact on patients' risk.
- Is able adopt a flexible approach to changing treatment modality as needed based on risks identified.
- Can work collaboratively with other services / professionals involved in the person's care.
- Can assess financial risks, identifying debt and provide advice / redirection to resources that can help mitigate these.
- Is able to identify and act on any risks around financial exploitation to or from the person.

Capability 6

Undertaking a role in case management

- Understands case management functions and their benefits.
- Knows of the various organisations (within NHS and third sector) and the different professional who could contribute to care of patients.
- Can identify relapse triggers and prodromes to relapse and respond promptly.
- Is able to formulate timely and appropriate management/treatment plans, and champions their coproduction to empower patients to be active in their own care and undertake appropriate levels of self-care.
- Can coordinate the patient journey through all aspects of their care both within your service and others, including the community and in a residential setting.
- Has awareness of legacy harms and how to manage them going forward once recovered.

Capability 7

Assessing the needs, organisation, and delivery of health promotion to individuals and the wider population

- Recognises the major risks relevant to people with gambling harms.
- Understands the principles of health promotion and can proactively and enthusiastically delivery health education relevant to people with gambling harms
- Knows of relevant national and local support agencies.
- Understands the effective implementation of national guidelines including NICE guidelines and technology appraisal.
- Is able to liaise with other health professionals for improving health locally.
- Can proactively maintain their own professional development, and lead on education and training of colleagues on gambling harms.
- Is able to disseminate expert knowledge of research to patients and relevant stakeholders.
- Has the ability to lead and supervise multi-disciplinary team (MDT) meetings and oversee implementation of care plans by MDT colleagues.
- Can act innovatively in reducing the stigma of gambling in society.
- Is able to create a network of peer support / experts by experience.

Teaching and learning

STANDARDS FOR 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 practitioners who have acquired skills and knowledge in the management of people with gambling-related difficulties in the course of their careers.

Training courses should satisfy the following requirements at the appropriate levels of learning for participants.

Course design	■ Align to the curriculum for gambling capabilities and include the perspective of those with lived experience. ■ Principles of Equality, Diversity, and Inclusion underpin the course design. ■ Provide opportunities to learn all components of the curriculum – core capabilities, tackling stigma, personalised approaches, and specific gambling-related capabilities. ■ Prior experience of participants is explored by appropriate learning needs assessment. ■ Content is aligned to, and actively engages with, the specific needs of the group of learners. ■ Appropriate supporting resources are provided with a mechanism to record experiential learning and demonstrate achievement of relevant learning outcomes.
Course delivery	■ Proactive planning has been undertaken which included expert input from practitioners with experience and knowledge of managing people with gambling-related difficulties. ■ Clearly structured and timetabled with opportunities for extension and ongoing learning activities. ■ Support a blended learning approach with a range of teaching and learning methods which might also include recognised university courses. ■ Practical experience is provided with a safe and appropriate level of clinical challenge and is appropriately supervised and supported e.g. clinical placements and experienced mentoring. ■ Clinical encounters will allow an opportunity for observation, reflective practice, and formative feedback. ■ Include a summative mechanism to accredit satisfactory completion.
Monitoring and evaluation	■ Attendance, attrition, and completion data is recorded. ■ Peer and external quality assessment is sought, and feedback utilised in future planning. ■ There is an impact evaluation of improvement in services for any people affected by gambling-related harm.
Sustainability	■ Consideration of how learning can be cascaded to widen local expertise. ■ Identify and support local leaders and champions of gambling awareness capabilities. ■ Financial sustainability for resources and delivery.

EXAMPLES FOR ACQUIRING AND DEMONSTRATING ACHIEVEMENT OF CAPABILITIES IN GAMBLING RELATED DISORDERS:

LEARNING METHOD	DESCRIPTION	EVIDENCE OF ACHIEVEMENT
Self-directed learning	– Individuals take primary charge of planning, continuing and evaluating their learning experiences by comparing their performance to the defined learning outcomes in gambling related disorders.	– Professional Development portfolio.
eLearning	– Using web-based or electronic tools to deliver training, such as eLearning models, remote coaching and accessing information and resources.	– In-built assessment of learning and accreditation.

Work based learning	– Learning about gambling-related difficulties by using appropriate difficulties or case scenarios to trigger knowledge and understanding.
	– Learners and supervisors collaboratively set goals that are:
	  – Meaningful and important to the individual.
	  – Are able to support individuals to translate intention into action.
	  – Broken down into achievable chunks.
	  – Followed up, to enable constructive debrief so the individual can move forwards.
	– Training people in more than one-off sessions, so there is opportunity to put skills into practice, enabling ongoing development over time.
	– Enables individuals to cascade learning further through teams and pathways.
		– Observation and performance under supervision.
		– Case-note reviews.
		– Tutorials.
		– Recorded reflection and learning logs.
		– Comparison of current practice with intended learning outcomes.
		– Supervisor assessment.
		– QI activities and audit.

Role play	– To demonstrate what good communication does and doesn't look like and use of appropriate language. – Using a relevant scenario in a safe learning environment to test skills and approaches and to receive feedback from other learners or facilitators. – Role play requires skilled facilitation and is more appropriate as a means of 'trying out' than as a means of assessment.	– Formative feedback.

EXAMPLES FOR ACQUIRING AND DEMONSTRATING ACHIEVEMENT OF CAPABILITIES IN GAMBLING RELATED DISORDERS:

LEARNING METHOD	DESCRIPTION	EVIDENCE OF ACHIEVEMENT
Action learning sets: Small group multi-professional and peer learning	– Meeting together regularly to discuss and develop skills in gambling related difficulties. The approach helps to share experiences, problem solve, learn new ways of working and test these in practice in a planned way. – Feeding back in groups enables individuals to hear and learn from other perspectives and experiences, supported by trained facilitator to manage dynamics and interactions.	– Peer feedback. – Experience of Supportive challenge in a safe environment. – Participation in constructive debate.
Supervision, Feedback and Reflection	– Obtaining feedback on your performance from individuals, focus groups, communities, colleagues and supervisors is essential for reflective practice, professional insight and personal development. – Supervision provides formal or informal support from someone with more experience or knowledge of gambling disorders. – Mechanism of ensuring clinical and professional governance.	– Regular formative, and then summative, review of evidence derived from a variety of learning methods. – Formal feedback questionnaire. – Sign off of capabilities.
Formal courses	– Many universities, Royal Colleges and training institutions provide modules that include theoretical training followed by supervised practice and competency-based assessments. They mirror the robust assessment processes in undergraduate and postgraduate training and are therefore useful in supporting the training and accrediting PwSIs.	– Individually designed and delivered by the 'host' institution.

EXAMPLE BLUEPRINT OF TEACHING METHODS TO CAPABILITIES AND LEARNING OUTCOMES:

CAPABILITY	LEARNING OUTCOMES	eLEARNING	WORKPLACE LEARNING	ACTION LEARNING SETS	FORMAL COURSES
Core generalist capabilities	Communication skills.		■	■	■
	Record-keeping, and confidentiality.	■	■		
	Non-judgemental attitude and recognise their own limitations.		■	■	
	Services relevant to the management of people with gambling disorders.	■	■	■	
Capabilities in tackling stigma	The stigmatising process and its harmful consequences.	■	■	■	■
	Factors that compound gambling harms and might further marginalise.	■	■	■	■
	Unconscious bias, inappropriate language and negative stereotyping.	■	■	■	■
	Normalising conversations that include discussion of gambling harms.		■		
	Empower and motivate people who struggle with gambling.		■	■	
	An evidence-based approach to managing gambling harm.	■			■

EXAMPLE BLUEPRINT OF TEACHING METHODS TO CAPABILITIES AND LEARNING OUTCOMES:

CAPABILITY	LEARNING OUTCOMES	eLEARNING	WORKPLACE LEARNING	ACTION LEARNING SETS	FORMAL COURSES
Capabilities in a personalised approach to care	Is able to engage with people to create a safe environment and building relationships.	■	■	■	■
	Recognises that cultural, religious beliefs and language can present both opportunities and barriers.	■	■		■
	Understands 'what matters' to the person.		■	■	
	Able to support people in reflecting on the relationships and connections between their emotions, feelings, and their behaviour.	■	■	■	■
	Skills in motivating, enabling people to identify personal outcomes that are important to them.	■	■	■	■
Capabilities specific to gambling disorders and gambling-related harms	1. Awareness of gambling related harm.	■	■	■	■
	2. Recognising gambling disorders in patients.	■	■		■
	3. Undertaking an initial assessment of people with gambling disorders.	■	■	■	■
	4. Managing and treating people with gambling disorders.	■	■	■	■
	5. Assessing and managing associated risks.	■	■	■	■
	6. Undertaking a role in case management.		■	■	
	7. Assessing the needs, organisation, and delivery of health promotion to individuals and the wider population.	■	■	■	■