Letters

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GPAQ

Martin Roland *et al*[1] raise a number of concerns about our review,[2] perhaps the most serious of which is that we 'missed' four papers.[3–5] We did consider these papers but found no data relevant to the reliability and validity of the GPAQ. Including them would not have changed our conclusions, as a citation demonstrating that a questionnaire has simply been used does not endorse its validity.

While we did not discuss face and content validity (space did not permit), these are the absolute minimum one might expect of a questionnaire. Our concern that the GPAQ has not been validated against an external criterion is not unique. It was a concern originally voiced by the GPAQ development team but unfortunately was never subsequently addressed.

Finally, Roland *et al* state that a group of 'independent academic advisors' recommended that the GPAQ be used in the GP contract. This is an appeal to authority rather than a challenge to our conclusions. It was the same group who also recommended the IPQ, and we note that our conclusions about the reliability and validity of this questionnaire have not been challenged.

We welcome the commitment of Roland *et al* to further research and development of the GPAQ. But our fundamental point remains that this should have taken place before national adoption of the GPAQ and the IPQ by the Quality and Outcomes Framework.

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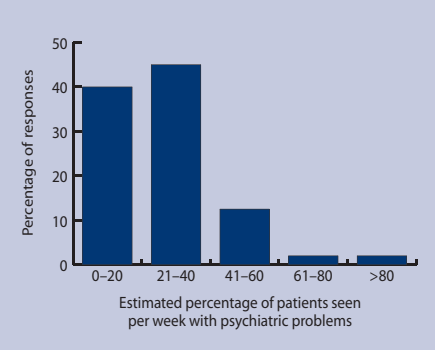
Diploma in mental health

First of all, we should say, we are not GPs, we are specialist registrars in psychiatry. We do however appreciate the fact that mental health problems are extremely common in primary care and that GPs are left with the burden of assessing and managing many different mental illnesses with a range of severity and complexity which don't necessarily reach us in secondary care. Other disciplines, such as child health and obstetrics and gynaecology, offer Royal College approved diplomas in their specialist areas to enable GPs to build on their clinical skills and problem solving abilities. Should The Royal College of Psychiatrists be doing something similar?

We sent out a postal questionnaire to 207 GPs and GP trainees in the Canterbury and Thanet area of Kent, England to explore this further. We received 129 replies (61%); 7% of these were GP trainees; 52% of GPs had their MRCGP or international equivalent; and 51% of all responders had worked in a psychiatric post as part of their training, with a median length of 6 months' experience. Figure 1 shows the estimated percentage of patients seen per week with psychiatric problems.



The vast majority of responders felt confident in dealing with patients with psychiatric problems (86%), as opposed to not very confident or very confident. But 84% responded that a diploma would, in general, be a useful qualification for GPs and 43% said that they themselves would be interested in taking it (this included all of the GP trainees). These results did not correlate with previous psychiatric experience or attainment of the MRCGP.

Within the space allowed for any further comments, there were healthy concerns with regards to the content remaining grounded in primary care needs and this not just being a 'money spinner' for the college (with which we wholeheartedly agree). There were also concerns as to the mode of delivery of the training, that is, distance learning as opposed to centralised study.

We are now taking this information forward to The Royal College of Psychiatrists. With all of the GP trainees and nearly half of the GPs who replied expressing an interest in an approved diploma, what better recommendation could there be?

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