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October Focus

IN 1990, there was a new contract for general practitioners (GPs) in the UK. To the surprise of many (including those who had drawn up the contract) fundholding was transformed from an afterthought to one of the most dominant elements. Among the current changes, what will be the sleeper, the x-factor that turns out to be much more influential than any of us expected?

Are there any votes for GPs with special interests (GPwSIs)? The NHS plan envisages only a few such posts, but the papers published this month between them suggest that they could become a crucial part of the structure of any future NHS. First, a small survey on page 833 by Jones and Bartholomew reveals that approximately 16% of GPs already provide specialist clinical services. The paper finishes with questions about the mechanisms for training and accreditation of such doctors. An editorial on page 796 by Gerada *et al* uses the example of doctors working in the field of drug misuse to show how some of the training issues can be successfully addressed. It also spells out the arguments for expanding such posts: 'working as a GpwSI should increase job satisfaction, improve retention, and delay burnout for GPs'. The discussion paper on page 838 by Williams *et al* takes the case of doctors working in respiratory medicine to develop ideas for substantially reshaping the whole service. In their model, GPwSIs would be a central part of specialist community teams, providing community-based services for patients and support for generalist doctors, but coordinating the support services that are currently based in specialist hospitals. In the Back Pages, Rogers on page 872 and Kacker on page 866 add to the debate, based on personal experience. This really does look like a radical departure, and could potentially reconcile the desires to provide specialist care where patients want it.

The debate around GPwSIs is sometimes hampered by perceived threats to the status of GPs. Both the editorial and the discussion paper emphasise that this should not be allowed to happen. However, elsewhere among the research papers there are examples of areas where the generalists need more help from specialists in one form or another. The editorial on page 795 by Smithson reveals the horrifying figures of deaths from epilepsy, and discusses the apparent deficiencies in care exposed by a national audit. Are you one of the doctors who doesn't discuss death with your patients with epilepsy? Yet another big trial on page 818 by Langham *et al* comparing different approaches to improving secondary prevention in cardiovascular disease came up with disappointing conclusions, although here those who received both interventions (training in information management and better understanding of the evidence underlying the cardiovascular disease management) did show some improvement in recording and prescription of cholesterol lowering drugs. This is one area to be wary of. There have been so many false dawns that it would be foolish to think that GPwSIs are the automatic answer (although whatever we are doing, the disease rates seem to be falling — see page 813 by Buntinx *et al*). One of the functions of good research is to tell us where, as generalists, we do and don't need the help of specialists. With a small amount of additional training, GPs showed themselves to be able to make reliable diagnoses on patients presenting with vertigo, on page 809 by Hanley and O'Dowd; in contrast, the paper on the diagnosis of miscarriage on page 825 by Wieringa-de Waard *et al* shows that neither clinical diagnosis nor statistical modelling of clinical features worked very well.

Including researchers and teachers in a definition of GPs with Special Interests increases the scope of the debate. In the past 20 years there has been a considerable increase in the size and influence of academic departments of primary care, both in the UK and elsewhere. During National General Practice week last month the heads of departments launched their latest report on the progress made since 1986 (New Century, New Challenges). The document charts the impressive achievements, but also points out again how progress is hampered by lack of capacity within the departments. The report is available from the SAPC website (www.sapc.ac.uk/default.asp), and we hope to return to it at a later date. For another view of medical researchers, turn to the biography of Paracelsus, on page 876 by Edward Cockayne, sent in response to last month's challenge. The author praises Paracelsus for his willingness to observe from people, rather than theoretical texts, but concludes that this alone would not have enabled him to be a successful researcher in today's climate.

DAVID JEWELL
Editor

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INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2001. The information is published in full in each January issue of the Journal *They are also available on the RCGP website at http://www.rcgp.org.uk/rcgp/journal/info/index.asp*

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The Back Pages
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