

# General practitioners with special clinical interests: a cross-sectional survey

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## SUMMARY

*A survey was conducted to identify general practitioners with special clinical interests (GPSCIs) and to obtain views about their role. Approximately, 16% of GPs in the United Kingdom (n = 4000) provide specialist clinical services outside their core general practice commitments. This pool of expertise has important implications for the implementation of the NHS Plan and for workforce planning within primary care trusts.*

**Keywords:** GP specialists; training; accreditation; continuing professional development.

## Introduction

THE NHS Plan<sup>1</sup> states that by 2004 up to 1000 specialist GPs will be taking referrals from fellow general practitioners (GPs) in a range of specialities. However, many GPs already have some form of hospital contract, generally through involvement in outpatient or procedural sessions. This study was undertaken to establish the extent of this activity and to explore issues about training, accreditation, continuing professional development, and the implementation of the NHS Plan.

## Method

A cross-sectional survey was conducted of a sample of GPs, using a previously piloted questionnaire. One health authority was chosen from each of the eight health regions in England and a random sample of approximately 100 GPs was obtained from those listed on Primary Care Group (PCG) and Primary Care Trust (PCT) websites ( $n = 931$ ).

We also conducted brief telephone interviews with clinical governance leads, chief executives or primary care development leads of representative primary care and acute trusts, to determine the extent of GP specialist activity and whether plans existed to develop aspects of GP specialism.

## Results

We received 398 (43%) adequately completed questionnaires. Over 70% ( $n = 282$ ) of the responders indicated that they had at least one clinical interest, and these interests covered over 60 different clinical topics, of which the most frequently mentioned were diabetes (57, 20%), dermatology (41, [15%]), family planning (34, [12%]), paediatrics (25, [9%]), gynaecology (25, [9%]), minor surgery (23, [8%]), cardiology (20, [7%]), psychiatry (18, [6%]), acupuncture (18, [6%]) and drug addiction (17, [6%]).

More than one-third ( $n = 152$ , [38%]) of the responders reported undertaking clinical sessions in areas of particular interest. Even if none of the non-responders undertake clinical sessions this means that around 16% (approximately 4000) of all GPs in England do one or more clinical sessions in their areas of special interest, the figure varying from 11% in London to 22% in West Midlands, Wales, and the South West (Table 1).

Over half of these sessions were undertaken outside health centre and practice premises; 31% were performed in acute hospitals, 9% on community trust premises, 8% in community hospitals, and 10% elsewhere. This is reflected in the GPs' contractual arrangements. Information was provided by 133 GPs on 170 contracts, with 51 (38%) working as clinical assistants, 25 (19%) working as hospital practitioners, 12 employed by PCG/Ts and 13 on private, health authority, and community trust contracts. Forty-nine of the

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**HOW THIS FITS IN****What do we know?**

General practitioners have always had 'special interests' but little was known about the scale and detail of these outside activities.

**What does this paper add?**

We have found that one in seven general practitioners are engaged in sessions related to a special clinical interest and provide details of these interests. We have underlined the importance of strategic planning to make best use of these skills. Our findings also have implications for the implementation of the NHS Plan.



133 (37%) GPs undertook their specialist sessions without a contract. Only five responders to our survey indicated that their contract lasted for three years or more.

Relevant postgraduate qualifications were held by 71 (41%) of responders and 125 (82%) had undertaken continued medical education in their topics of clinical interest in the past two years.

Free text comments indicated that GPs value the maintenance of their special interests because they provide variety and added interest in their professional life, while at the same time offering better and more accessible services to their patients. There are, however, concerns about the financial viability of undertaking this work at clinical assistant rates of payment or without formal contracts, the dangers of de-skilling GP colleagues without such interests, and concerns about the political motives for developing what may be regarded as a cheaper method of providing specialist care.

**Discussion**

This survey indicates that substantially more GPs than are required in the NHS Plan are already providing clinical specialist sessions. There is, however, something of a mismatch between the clinical topics listed in the Plan and those in which GPSCIs are currently delivering their services. Strategic thinking at regional and PCG/T level is patchy, making the recent policy initiatives of the Royal College of General Practitioners and the Royal College of Physicians of London<sup>2,3</sup> particularly timely.

Many GPSCIs are likely to have developed a particular skill or expertise during hospital training; others after vocational training. These activities provide an important source of variety and stimulation, and there is evidence that recruitment and retention of GPs are enhanced by offering 'mixed portfolio' job descriptions<sup>4</sup>, and that patient outcomes may be improved. For example, the Primary Care Society for Gastroenterology has demonstrated a level of safety comparable to hospital endoscopy, associated with better access and very high levels of patient satisfaction.<sup>5</sup>

The RCGP paper on implementing a scheme for GPSCIs envisages three broad roles for them<sup>3</sup> — to lead in the development of locality services, to deliver a procedure-based service, and to provide an opinion on the request of clinical colleagues. Examples of these might include leads for can-

Table 1. Top ten clinical sessions of responders (n = 152).

Clinical sessions	n	%
Diabetes	26	17
Dermatology	16	11
Minor surgery	13	9
Family planning	12	8
Occupational health	11	7
Gynaecology	8	5
Cardiology	7	5
Endoscopy	6	4
Acupuncture	6	4
Geriatrics, orthopaedics, paediatrics, palliative care, sports medicine	5	3
Other	42	27

cer services, gastrointestinal endoscopy, and pigmented lesion clinics, respectively. This approach has the potential to improve working at the primary–secondary care interface.

There will be questions about training new GPs in areas of clinical interest, quality assurance of their services, accreditation and continuing professional development mechanisms, and remuneration. A Department of Health group is currently working on these developments and a report is expected soon.

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