"... there is clearly a need for educators to determine how to help doctors develop relevant skills and confidence during their GP training."

Mind the gap

Although the full impact of the government's Health and Social Care Act 2012 is yet to be realised, it has become clear that primary care 'is where decisions about the shape and outcomes of the NHS will increasingly be made',¹ with GPs now leading the commissioning of health services for their patients. This feature of the reforms has been at the heart of Lansley's proposals from the outset and although there has been strong and sometimes justified opposition to the changes there are many who agree that GPs, guided by patient-centred values, are excellently placed to decide on the purchasing of high quality care.

While a fair bit of dust was kicked up around the detail of the final Bill, the momentum demanded that GPs plough on with the process of setting up clinical commissioning groups (CCGs) as the former infrastructure has been dismantled around them. The challenge, alongside that of establishing new organisations and working out how everyone 'joins up' to provide integrated care, is for GPs to find out what commissioning actually requires them to do and the different roles they might adopt. Part of this must be to openly ask GPs whether they have the skills, helpfully laid out in a Commissioning Competency Framework,² to fulfil their new job description. Although some doctors may handle the language of leadership well enough, phrases within this document such as 'setting the vision', 'market shaping', 'contract performance', 'horizon scanning', are likely to be less familiar to those who have completed their medical training, some might argue rightly so.

Feedback from GP trainees in Severn Deanery, shows that those who represent the next generation of GPs want to know more about GP commissioning, but currently have little knowledge or involvement. This is also reflected in a recent survey of First5 GPs³ which found a lack of information and engagement at local levels among the newest generation, but a keenness to be involved, implying some acceptance of the new responsibilities but a clear need to support those who it is believed have a vital role to play in commissioning now and in the future.³

Workshops on commissioning and other

initiatives to engage this group will undoubtedly help to bridge some gap in understanding but there is clearly a need for educators to determine how to help doctors develop relevant skills and confidence during their GP training. Early suggestions could include:

- shadowing practice managers or GPs involved in commissioning;
- attending CCG and other relevant meetings, facilitated by their GP trainers;
- involvement in projects being lead by CCGs, for example, referral management schemes;
- completion of potential new commissioning modules from a Masters in Primary Care programme;⁴ and
- simulation exercises/role play using actors to develop skills for leadership and commissioning, particularly during the latter stages of GP training.

However, what is urgently needed is in-depth data on what newer GPs think about their future role and the gaps they recognise in their skills and knowledge. This could usefully inform the planning and success of vocational training for general practice, which in turn may help to produce a future generation of GPs more equipped to face the challenges of the new NHS with its 'radical and risky'⁵ shift of power to primary care.

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