

The Department of Health could claim that the new grade of GPwSI is a success as they have exceeded their target numbers but others may argue that at least some 'GPwSIs' are currently potentially, if not actually, practicing beyond their competence and outside of their medico-legal cover. This is a very serious situation for such people, as well as being, rightly, a cause of concern if effectiveness and cost-benefit are also not being evaluated.

In a number of specialties work has been done to create diploma courses, normally linked to a university, which are geared to teach the special interest skills which a GPwSI may need in that subject. The University of course benefits from the income stream linked with the course and with Substance Misuse being the notable exception, there appears to have been little input from the Royal Colleges into these various courses. However the normal route to becoming a GPwSI seems to be linked to the ability to persuade one's PCT that redesign of a service with a GPwSI leading some intermediate care will produce cost and/or health gains. Then one needs to negotiate specialist training, which in the majority of cases will be such a diploma course. It may be harder to do this now that the target for GPwSI's has been exceeded, as there is no longer pressure being put on PCT's to meet this target.

I was asked if I would become a GPwSI in mental health, as I was already on the PEC of the PCT as the designated Mental Lead and the PCT was looking to appoint GPwSI's to help meet the GPwSI's targets. Though I see very few patients in this role, I have been able to persuade my PCT that I should train in mental health and gain the Human Givens Diploma, awarded by the Mindfield College who claim to be the largest national training organization for mental health teams.

Most importantly it has enabled me to reduce the time I spend in the practice as a GP and allowed protected time to lead on the redesign of mental health services in Sandwell where I work, so that we move care away from secondary care teams and into Primary Care and Community based mental health services.

Currently, probably in the majority of cases, the GPwSI service is a mini-specialist service, either plugging gaps or aiming to do the job at a cheaper rate than the local consultant service. There have however been questions about some of these new services, most notably dermatology services, where in some cases the costs may actually have increased.

I am Chair of the charity Primhe (Primary Mental Health and Education) which is affiliated to and working with the RCGP to produce the training course for GPwSI's in mental health. We believe that the GPwSI grade has the potential to

- Produce the clinical leadership we need in Practice Based Commissioning to redesign services that are Primary Care and community focused. The NHS has traditionally treated only those in positions of authority as leaders and does not seem to recognize that leaders are often further down the pyramid in organizations
- Lead Primary Care focused training. Most training of Primary Care is led by consultants who often fail to recognize the breadth of Primary Care. Primary Care Mental Health is very different to Psychiatry for instance.
- Lead training of the whole of the Primary care team

- Liaise and work with the local consultants and their specialist teams

I believe that it is important for such courses to be accredited by the RCGP as it could be argued that no such individuals as GPwSIs' currently actually exist. Unless and until there are accredited courses and GPs are validated, then doctors will effectively be considered to have self-declared or to have had such status conferred through the application of completely arbitrary and unregulated parameters. Sadly money for such courses is scarce in the current climate, apparently money for training GPwSI's has already been dispersed in the global sum, without ring-fencing, to PCT's

In conclusion to become a GPwSI you need

- To be able to persuade the PCT of the cost or health gains of an intermediate level service – may be able to develop such a service with practice based commissioning
- To set up audit criteria so you can evaluate your service and prove its worth
- It will help if you explain to your PCT that you can be the Primary Care Lead in your specialty and that your expertise and advice will be invaluable to them in the current climate with Practice Based Commissioning
- Sort out the training you will require to perform this new service
- To liaise with the local consultants and find how you can align your new service with theirs – its much easier with them on your side and your service should free up capacity so that they can use their skills more appropriately too
- Check with your defence body that they are happy to cover you at the normal rate for the new service