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Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

The way of the GPSI

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Sometimes it feels like we have a drug and a guideline for everything. The days when a GP had an in-depth knowledge of all medical matters are fading fast. Primary care is changing. The expectation to achieve higher targets in our care for patients and the movement of care from secondary to primary care services means that an already busy workload in general practice has become a mountain to climb. Nurse-led clinics have now become commonplace with a general upward trend in skill and knowledge base for all involved.

Diabetes has become a large workload: With its inclusion in the QOF and, therefore, increasing expectations, the development of newer strategies of care alongside new therapies makes it difficult to keep up with progress.

Over the past few years, many GPs have adopted roles of special interest within their practices. These roles have gradually been formalised and a new type of physician has emerged encompassing both the broad base of a GP but also specialist knowledge. We have now come to see the term GPSI applied to these individuals.

Different localities have suggested criteria of what makes a GPSI. It is generally accepted that they are a GP foremost but have gained and are able to demonstrate specialist knowledge in their chosen area. Some authorities state that this should be linked with fixed secondary care attachments.

The GPSI has been looked on with both fear and favour. The maintenance of standards, leading education in primary care, the ability to integrate secondary and primary services and to facilitate the passage of patients along this two-directional pathway can only be seen positively.

However, a specialist GP can cause fear among secondary care colleagues regarding their future roles and concerns regarding patient management when not directly under their own care.

Primary care colleagues fear that they may lose skills and lose familiarity with management strategies. There is also concern that an employee of a PCT/LHB could be misused to act as a policing agent to monitor and report on individual practices.

The future of the GPSI will lie within a universally-accepted accreditation process together with clarification regarding responsibilities and liabilities.

The way forward for a good quality integrated care service lies with the GPSIs.

GPSIs are here to stay!