EDITORIAL

The emergence of the CVGP

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doi: 10.5837/bjc.2013.15 Br J Cardiol 2013;**20**:47 he National GPSI Cardiology Forum was established in 2005 and, despite the demise of the Primary Care Cardiovascular Society (PCCS) to which it was affiliated, it has remained active in the national cardiovascular arena. At a recent meeting at Warwick University, a decision was made to change our name to CVGP (CardioVascular General Practitioners: the Society for GPs with an interest in Cardiovascular Medicine). This name change does not alter our stated aims or direction of travel, but acknowledges the need to embrace all GPs involved in cardiovascular care rather than just GPs with a special interest (GPSIs) in cardiology. We believe this is essential in the evolving NHS clinical commissioning environment.

The Forum has contributed a great deal to the advancement of cardiovascular medicine across the UK and beyond over the last seven years. This has been achieved through successful fulfillment of our main aims, which the CVGP will continue to pursue:

- to represent primary care cardiovascular health needs at policy level
- to promote best practice in primary care cardiovascular health through education, training and service development
- to support the development of primary care healthcare professionals and teams in the delivery of cardiovascular medicine
- to facilitate and lead primary care cardiovascular research.

Enthusiastic membership

Much has been made possible by the sheer enthusiasm of our members in becoming involved in many aspects of cardiovascular disease (CVD) care, over and above their day job as GPs. Many of our members have provided a cohesive and coordinated voice for primary care cardiology, working with other organisations, such as the Royal College of General Practitioners, the Royal College of Physicians, the British Cardiovascular Society, the European Society of Cardiology, the Department of Health, and the National Institute for Health and Clinical Excellence. This has enabled them to influence and guide national and European policy. Virtually all guidelines in evidence-based



cardiovascular medicine over the past five years bear the name of at least one Forum member.

We believe that our role as GPSIs is to up-

skill and educate primary healthcare teams in evidence-based cardiovascular practice through communication, collaboration and sharing good practice. We believe that the better management of cardiovascular diseases such as heart failure, atrial fibrillation, angina and hypertension by GPs and practice nurses has been facilitated in many areas by local GPSIs in cardiology education and support. Furthermore, we have managed to provide programmes of education tailored to the more specialist needs of GPSIs in cardiology. In order to remain up to date in our chosen specialist fields, we undoubtedly have different educational needs to those of many of our primary care colleagues.

Sharing knowledge

The not inconsiderable challenges of a new commissioning era create opportunities for GPSIs in cardiology-led service developments. We believe that sharing our cardiovascular knowledge, practical experience and service development models through the pages of the BJC will contribute to primary care education and ultimately to better patient care across the UK. We believe that all GPs involved in cardiovascular care, including practicebased and clinical commissioning group (CCG) primary care CVD leads, will need to collaborate, share ideas and work closely together in order to drive forward quality care in the NHS. We invite any GPs with an interest in cardiovascular medicine, not only those providing GPSI services but also those acting as practice CVD leads or CCG CVD leads, to join the CVGP by contacting us.

We shall be advertising forthcoming educational initiatives and meetings through the pages of the *BJC*. The formation of the CVGP is an exciting development and we look forward to working closely with the *BJC*

Conflict of interest

None declared.