Editoria

The GPIAG: The Chief Executive's vision

Pauline Wignall

Pauline Wignall became GPIAG's first Chief Executive in July 2001. In this paper she introduces herself and tells us how the organisation plans to move forward next year

It's hard to believe that it is five months since I joined GPIAG. I suppose it is testament to the variety that this position offers and the fact that it is the most interesting job I have had to date that the time has passed so quickly. Medical terminology would suggest that my career so far has been a 'mixed template' - a combination of acute and practice nursing management, marketing and strategic leadership skills experiences which I can draw upon as Chief Executive of the GPIAG

Joining the GPIAG in July 2001, my initial observations have been that this is an organisation demonstrating considerable maturity and clarity of vision. This is especially impressive when you consider that respiratory medicine so far, has been relegated to one of the lower divisions in The Government's priority league tables. This latter point clearly needs to be addressed and the GPIAG has been an active participant, in collaboration with other respiratory organisations, in forming the Respiratory Alliance. The Alliance aims to raise the profile of respiratory conditions in public policy debate and improve health service provision. I will advocate a programme for improvement and lobby Government to make respiratory disease health service priority.

The GPIAG is without doubt building from a position of strength. There have been great strides forward during the last 12 months and I am very pleased to be able to announce that subject to formal ratification by the members at our Extraordinary General Meeting on 4th December 2001, the GPIAG is set to become GPIAG Ltd, a company limited by guarantee. This will give us a more formal status and make our share of voice with the key decision makers even greater.

So what lies ahead in the next 12 months? In addition to our application to the charity commission, the key focus must be to continue to harness the commitment and enthusiasm of our members. This will be

achieved by focusing our activities on research education, the journal and opportunities created by the NHS modernisation agenda

Research

Primary care research into respiratory disease will continue to be of paramount importance to the GPIAG next year. Working closely with university departments, the research sub-committee led by Professor David Price, has set itself a challenging agenda to produce quality primary care focused research. In addition we will be actively encouraging members to get involved in local studies and will provide a support network for those conducting or interested in respiratory research

Education

All healthcare professionals should have access to high quality respiratory education. In 2002 the GPIAG will be working in collaboration to identify the needs of PCTs and provide the appropriate tool and support to implement the necessary primary care services required. In addition, we will also be continuing and expanding our work on Professional Development Plans, opinion sheets and the development of other primary care education services.

Journal

Once again, it will be a busy year for Mark Levy Editor, and his editorial board. November 2001 marks the 1st anniversary for the journal. With response to our application for the Primary Care Respiratory Journal to be indexed on Medline, due in February, the journal promises to be more influential than ever next year. We continue to encourage all of our members to take on an active role, either by putting pen to paper to write to our editor (we will be publishing more letters) or in submitting your own research for peer review and publication

Raising the Profile

The report just published by the British Thoracic Society; 'The Burden of Lung Disease', highlights that respiratory disease now kills more UK citizens than coronary heart disease or non-respiratory cancer. Conclusive evidence that respiratory disease is a major problem in the UK. The general public and national media have also started to take the threat of respiratory disease seriously, following the tragic death of actress Charlotte Coleman, at the age of 33. It is imperative that the GPIAG, along with other members of the Respiratory Alliance, lobby Government to ensure that respiratory disease is given

Pauline Wignall
Chief Executive, GPIAG
Edgbaston House
8 Duchess Place
Edgbaston
Birmingham B16 8N

pww@ntlworld.com

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highest priority

Our website www.gpiag.org is attracting between 50 and 2000 hits a day and we are developing this area of communication both with our members and other parties. Health professionals may now join the group via the website and indeed, we have attracted over 80 new members (full and associate) in the last two months.

Specialist GP

The National Health Service Plan suggests that there will be 1000 specialist GPs in the NHS by 2004. The GPIAG are currently involved in collaborative work to look at how this vision may become a reality, including the implications for general practice and training requirements. Specialist GPs will have a role in shaping local services so it will be key that we continue this work into 2002.

The GPIAG needs, and is grateful for, the continued support of our members. Throughout 2002 I will be exploring ways of improving communications and involving members in all our activities. I would therefore like to suggest that if you are interested in becoming more involved with the organisation, in research, education, writing or local meetings, please

contact our secretariat at info@GPIAG.org.

It is important that I do not sign off without recognising the commitment of our sponsors to improve the management of patients with respiratory disease. The GPIAG are very grateful for their ongoing support and would like to acknowledge the very professional standards they have adopted in approaching partnerships with us.

Despite the huge agenda for us all, it is reassuring to confirm that the core values of the GPIAG will remain the same during 2002. These are

"A commitment to improve patient care by promoting education, research and the sharing of best practice in primary care, whilst calling for national recognition and government support in reducing the burden of respiratory disease in the UK."

It is a tribute to our members that the GPIAG is able to carry such a huge agenda. I am confident given all of your support that the GPIAG really will make a difference in the coming year, to patients and healthcare professionals alike. ■

Following on from the very successful first ever international primary care respiratory conference hosted by the GPIAG in Cambridge 2000 the IPCRG are delighted to announce the 2nd international primary care respiratory congress

Congress, 9-11 June 2002, Amsterdam, The Netherlands

Deadline for submission of abstracts:

15th February 2002

Abstract forms can be downloaded from <http://www.IPCRG.org>

For registration information contact the congress office at

Telephone: +31 20 525 479

Facsimile: +31 20 525 479