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Editor's choice

GP training programmes

Across the UK, GP training programmes are struggling to fill places.¹ As fewer trainee doctors go into general practice, the existing workforce is stretched and the idea of becoming a GP becomes less appealing. I wonder if part of the problem is the selection of students for medical school? The grades required to get into medical school have increased while other attributes remain consistently hard to assess, particularly if interviews are not part of the process. As far as I am aware few GPs sit on medical school interview panels or mark admissions applications in comparison with hospital doctors and university staff. Is part of the problem that we are selecting too many people more suited to hospital medicine? If more GPs were on selection panels, would they be more likely to pick out candidates with traits well suited to a career in general practice?

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NSAIDs and chickenpox

I read with interest the editorial by Davis and Robson on the dangers of NSAIDs¹ and wanted to reinforce the need for better professional and public education surrounding their risks, especially those less frequently encountered. Having recently passed my medical school finals and the national Prescribing Safety Assessment I was initially dismissive of an article in the *Daily Mail* warning against the use of ibuprofen in children with chickenpox.²

In 6 years at medical school, numerous encounters with chickenpox, and my studies for both these exams this was not something

I had ever heard of. A little research though confirmed that NHS Choices,³ both the patient⁴ and professional⁵ Patient UK articles, and the NICE Clinical Knowledge Summary⁶ all advise against the use of NSAIDs in children with varicella due to an association with an increased risk of severe skin and soft-tissue complications.⁷ It seems surprising, therefore, that in neither my time as a medical student nor as a patient have I been made aware of this risk.

The guidance is clearly available when sought, but with a drug such as ibuprofen that is so freely used and prescribed, perhaps this guidance should be better publicised.

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Telephone triage for new GP consultations

We were interested to read Holt *et al's* article¹ giving further evidence that telephone triage

for patients requesting new consultations '... appears not to offer added efficiency in terms of resource than usual care.'

However, when writing that 'triaged patients were, in fact, more likely to require further consultations ...'; they understate the adverse effects on patients.

Taking the patients' perspective, the National Association for Patient Participation (NAPP) remains very cautious about such telephone triage. We have pointed out that GPs undertaking it leave patients suffering increased worry afterwards and a significantly increased use of GP out-of-hours services or A&E units.² The authors of the ESTEEM study³ subsequently quantified this: 'a small increase in GP (6.6%; n = 5171) and nurse (5.7%; n = 5468) triage when compared with usual care (5.4%; n = 5572)'. We disagree that this increase is small and think this statistically significant: 22.2% more use of emergency and other unscheduled services, when compared with usual care is, particularly for patients, big.

Because forcing patients to seek more help afterwards is such a blunt outcome, we conclude that triaged patients are losing the subtler points of GP consulting provided in usual GP care. This 22% increased use of emergency services subsequently is so high that NAPP considers that telephone triage for requests for new consultations in general practice is not safe for patients.

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