Letters

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Editor's choice

Innovations in primary care to promote general practice as a career to medical students

The editorial on how medical schools can encourage students to choose general practice as a career[1] is extremely timely. The East Midlands has a significant primary care recruitment and retention issue. We would like to share some of our innovations at Nottingham Medical School that aim to enable students to make informed decisions about career choices including primary care, and nurture those with a particular interest if they wish to 'choose general practice'.

- We have close links with the student GP Society to facilitate regular sessions with GPs with special interests, focus groups, and encouraging visits to RCGP Euston Square and national conferences.
- We have set up a Buddy Scheme with GP registrars for medical students that supports interested GP Society members through medical school to specialty applications.
- There is significant GP representation on the medical school admissions panel. Multiple mini-interviews have replaced the traditional interviews and will now include primary care scenarios.
- A Widening Access project promoting GP careers to local academically-able pupils from secondary schools that don't traditionally attain medical school admissions.
- From September 2016 we are doubling the clinical contact time in primary care and encouraging all GP tutors to be role models for our students; 'Being a GP can be whatever you want it to be.'
- We are planning 'open half-day release' sessions with local GP schemes and Primary Care Professor Society presentations and research workshops.
- 'First5®' young GPs in the division have developed a short PowerPoint presentation on 'Why choose GP' to deliver to local F1 doctors and as a podcast resource.
- We are collaborating with the Nottingham Medical Graduates of 2016 for a 1-year reunion dinner and organising a careers fair in the afternoon.

We hope that these innovations provide some thought and encouragement, and may be adapted to other medical schools.

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Encouraging medical students to pursue general practice

The UK Foundation Programme Office F2 career destination report suggests some of the more 'academic' medical schools have lower proportions of GP core trainees.[1] Why? Is being a GP seen as less academically worthy? Or are these medical schools inadvertently discouraging general practice as a career?

From the start I have wanted to be a GP. However, this longstanding belief has been challenged on every clinical placement so far. Why? Why do hospital practitioners consider it their duty to dissuade you from general practice and persuade you towards hospital medicine?

In my experience a disproportionate amount of clinical placements take place in secondary and tertiary care; this lack of long-term exposure could be detrimental towards general practice. My aspiration has not changed but many fellow students see becoming a GP as a second-choice option; medical schools need to do more to make general practice seem exciting, attractive, and vital.[2]

As suggested, increased exposure to inspiring, enthusiastic GPs would open many students' eyes to the hugely varied and rewarding career of a GP. There has been minimal contact with academic GPs apart from via the voluntary GP society. Allowing GPs to have larger (and more public) roles within the curriculum early in pre-clinical and clinical training could help make the career an active choice, not a fallback option. However, I do not believe a simple increase in the quantity of GP undergraduate training will help. Quality is key. The GPs delivering this training need to be positive role models for this to work; if they are demoralised or overworked it could backfire and further exacerbate the recruitment problem.

Alarmingly, I have been told by a number of GP tutors NOT to become a GP. This strong advice has been brokered with warnings of a poorer work–life balance than advised, poor job satisfaction, and an endless river of paperwork diverting attention from patients. Is it any wonder that there is a struggle to recruit medical students to GP training?

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Preventing radicalisation and terrorism: is there a GP response?

It was a few years into my 20-year stint as an inner-city GP that I realised we really were 'pillars of the community' when it came to preventing terrorism.[1] Of the distinct groups we served: one was a large Somali community. For many the escape from civil war made them especially appreciative of government services, of safety, of education. But there was also alienation.

Having worked in another country where Islam was the national religion, I had a feel for the reaction some had against aspects of Western culture. For example, modern dress codes with sexually provocative clothing, or atheism and prayerlessness (prayer is one of mankind's great duties and privileges according to Islam). The reaction they felt to some of these things was a sense of disgust, which generally they would be too polite to mention. If to this sense was added disappointment with British foreign policy, or perceived racial injustice in daily life, then anger was possible. But being able to express these feelings and mention faith to a supportive healthcare professional in a safe and confidential environment helped develop understanding and trust.[2] For example, I recall explaining why Jesus encouraged secret prayer, explaining the apparent paucity.

Sometimes our diagnoses and treatment actually saved lives. We were also modelling, perhaps unconsciously, a form of service that some of our young patients wanted to imitate. Our Somali patients told us they were praying for the success of the medical centre and supported us in any way they could. We saw the teenagers grow up, many into university places and the professions. They were able to share the difficulties they faced and were their advocates where possible.

In the end compassion wins. This is real terrorism prevention. Uncountable in statistical terms, it is building the sense of mutual belonging together, which signals the end of tribalism, while treasuring multiculturalism: humanity at the heart of general practice.

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Migrant health

The articles in the recent *BJGP* 'Vulnerable people' themed issue highlight an issue of importance to UK practices serving diverse populations.[1,2] Page Hall Medical Centre adopted an 'opt-out screening' process for blood-borne viruses (BBV) in 2007 as part of our 'new patient medical examination'. We undertook a prospective audit of the outcomes of this intervention, by self-assigned ethnicity, country of origin, and language spoken, and noted increased rates of hepatitis B virus (HBV) positive results (9.4%)[3] from migrant workers who identify themselves as Roma Slovak. This contrasts strongly to the stated HBV prevalence in the wider Slovakian population (<0.6%).[4] Our adoption of an 'opt out BBV screening' policy for all new patients has identified an at-risk group that would not have been screened had we strictly adhered to NICE guidance.[5]

Presentation of our audit data prompted the commissioning of a Local Enhanced Service to facilitate testing and contact tracing for HBV of the newly-arrived Slovakian citizens.

Our commitment to providing culturally congruent care alongside practice audit has led us to conclude that the stated background prevalence for certain countries may not accurately reflect the needs of distinct ethnic or disadvantaged groups that have recently arrived in the UK. A 'one-stop new patient medical' with 'opt-out' BBV screen allows a comprehensive health screen of new migrants and early BBV detection, intervention, and contact tracing for high-risk vulnerable groups unaccustomed to NHS models of care.

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Risk stratification for free

Predicting risk is the new mantra for modern medicine. In 'After Achilles'[1] the challenge is set — in the maelstrom that is primary care, we need all the risk stratification tools we can