

Data quality is an illusion

I read with interest the article by de Lusignan *et al*,¹ but I am more pessimistic about data and data quality allowing lives to be saved. My long experience as a full-time working GP tells me that records cannot be easily trusted.

Primary care computerised medical record (CMR) systems are not only complex, but their quality is also very variable. Not many GPs are interested in coding, not even when Quality and Outcomes Framework financial incentives are considered. Why? Simple: the general practice landscape has changed considerably over the last 10 years, and with an excessive workload and a reduced workforce, mainly made up of salaried GPs, whose income is not affected by targets, there is little or no appetite to use codes to the level needed to save lives, whether doing audits, or being part of research.

We use Problem Oriented Medical Records, and the Problem Lists arriving from other organisations are poor, full of duplications and synonyms with multiple irrelevant/out-of-date headers, while also lacking very important and relevant diagnoses.

We are supposed to link medications to diseases they are prescribed for, but there is a lack of commitment to doing this.

No doubt, bottom-up engagement is required if we are going to traverse the process of gathering more and more data and, at the same time, knowing less and less about our patients. CRMs are not seen as a powerful tool that can save lives but as an electronic notepad to scribble quite long and difficult-to-read accounts of the consultations. Unless attitudes change, and unless adequate training on the use and purpose of coding and Problem Lists are firmly embedded for newcomers to health care, the decline of the quality and relevance of the entries on the CRM will ratify them as what they are now in many places: garbage.

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Pathways to being an academic GP in Ireland

Careers in academic general practice are challenging, with the need to balance an array of responsibilities, including clinical duties, academic work, mentorship, securing funding, etc. In Ireland, the barriers to pursuing a GP clinical academic career include a historical lack of 'research culture', a dearth of research infrastructure, limited training opportunities, and a necessary focus on clinical service delivery.¹ The wider discipline is also affected by this perception, with only 3% of medical students in the UK describing general practice as being intellectually challenging and GPs comprising a disproportionately small number (6.5%) of clinical academics in the UK.^{2,3} The Wass report recommended that this perceived lack of academic challenge should be tackled by raising the profile of academic general practice.⁴

To promote academic career pathways in general practice in Ireland, we have begun a series of actions to challenge perceptions, raise the profile of academic general practice, improve access to scholarly activities, create supervision and mentorship opportunities, and better define the current career pathway. In conjunction with the Association of University Departments of General Practice in Ireland (AUDGPI), we have developed an infographic to map the current training opportunities from undergraduate through to substantive positions (<https://my.visme.co/view/jwdrjxv-18r27vppx6yx26qz>).

We have refined this with the input of colleagues at the recent WONCA World Rural Health Conference and plan to incorporate the infographic into the Irish College of General Practitioners' and AUDGPI's future service and promotional reports. The link will be provided for viewing. We welcome discussion with interested colleagues, the development of future iterations, and local adaptations of this (hopefully) useful career-planning tool.

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GDP

Thanks for an interesting article.¹ The rise in GDP the government ascribed to an 'unexpected' rise in GP appointments in May was presumably because there were fewer bank holidays. The late May holiday was moved to June, so I reckon there were 19 working days in April, and 21 in May (or about 10% more days). NHS Digital says there were 27.5 million appointments in May 2022 compared with 25.3 million in April. So, practices saw a similar number of patients per day in May (1.31 million per day) compared with April (1.33 m/day).

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