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GPs' job satisfaction: doctors who chose general practice early or late

In their study on GPs' job satisfaction Lambert *et al.*[1] describe the feeling of GPs 1–10 years after graduation. The authors conclude that the level of job satisfaction was generally high among both late and early choosers. Most GPs turn to general practice after initially preferring another speciality at the beginning of their career and the majority will have a satisfying career.

To understand the factors behind their choice, we questioned 198 students' in the Faculty of Toulouse (South-West France) about their reasons for choosing general practice.[2] The result of our survey was that a GP career was chosen for its diversity and the doctor–patient relationship, with the fact that it is a speciality often held in low esteem being the main obstacle. 37.5% (n = 74) had hesitated between general practice and another medical speciality, 66% (n = 131) said that general practice was their first choice. Their positive choice in favour of general practice was based on several key factors: the characteristics of the profession, training in a general practice, the quality of education, the conditions of future practice and quality of life. Six profiles were defined: the convinced, with a conscious preference for general practice; the visitors from the north of France, attracted by the southern climate and the characteristics of the profession; the opportunists, particularly interested in doctor–patient relationship; the sedentary students, who have always lived in Toulouse and gave priority to personal relationships; the southerners for whom the choice of town was more important than the choice of speciality, and those who chose the faculty for its quality of its teaching and its reputation.

The conclusion drawn by Lambert *et al* may give the impression that most doctors had chosen general practice as a last resort. In reality, the choice for general practice depends on many factors and knowing the true reasons for this choice can help understand practitioners' level of job satisfaction. This is an important factor that should not be overlooked.

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Are GP career intentions more prevalent in UCL Primary Health Care iBSc students?

Peile[1] mentions the importance of the role of medical schools in influencing students to consider a career in general practice. Research on the undergraduate determinants on medical students' career choices and specifically choosing a career in general practice[2,3] is important because medical schools can now tailor their teaching to overcome the problem of the declining number of GPs. Little research has been done on the career impact of iBSc degrees, and less on iBScs in primary health care (PHC). Traditional pre-clinical iBSc degrees have often influenced students academically, and discouraged them from becoming GPs.[4,5] The PHC iBSc course is a relatively new course at UCL, and it aims to widen the scope of medical education by developing research, clinical and critical appraisal skills as well as exploring general practice in depth.[6]

We carried out a case-control study of current UCL students, in the form of an online survey. This study was approved by the UCL ethics committee. All PHC graduates from the 2009–2010 to the 2012–2013 cohorts were identified. Each was matched (in terms of iBSc completion) with three students from any other iBSc degrees from UCL.

Questionnaires online were then made available to them for their completion. The response rate was 33 out of 104 (31.73%), 13 (of 15) PHC students expressed a degree of interest in general practice, while only 8 (of 18) non-PHC students expressed interest. This was statistically significant (OR = 8.125, P = 0.002). There were no other correlations between GP intention and sex, stage of medical school or ethnicity. This study suggests that the PHC iBSc is associated with a stronger interest in a GP career, and demographic variables in this group did not impact on GP career intention. A potential bias is that the students enrolled on the PHC course may already have developed a strong interest in a GP career prior to their iBSc year which may have influenced our results.

A PHC iBSc course better informs students about general practice, although being better informed alone does not directly translate to a stronger GP career intention.

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Text messaging to promote health

Douglas and Free's qualitative study[1] alongside a randomised controlled trial[2] show that text messaging offers a valuable way of supporting people trying to give up smoking. Text messages may also have wider potential in health promotion, including within sexual health.

In September 2013 we carried out a patient and public involvement user group to investigate what female genitourinary medicine clinic attendees thought about texts encouraging regular STI checks, use of long acting reversible contraception (LARC) and HIV testing. These three topics were chosen in response to the 2013 Framework for Sexual Health Improvement, which highlights sexually transmitted infections (STIs), teenage pregnancies and late diagnosis of HIV as major public health problems.[3]

Consecutive women aged 16–24 years attending the Courtyard Sexual Health Clinic at St George's NHS Trust, London were invited to complete a confidential, anonymous questionnaire and to express opinions. The response rate was 100% (30/30), and the mean age of participants was 20 years (range 16–24 years).

Text 1: *'Time for your check-up? Please telephone ...'* 27/30 (90%) thought this reminder a good idea, and 23/30 (77%) said they would book a check-up.

Text 2: *'Have you thought about trying a contraceptive implant or coil so you don't have to keep remembering? Ask when you go for your check-up.'* 23/30 (77%) were happy to receive this, and 20/30 (67%) would ask about LARC.

Text 3: *'Have you thought about HIV testing ... ? Ask when you have your check-up.'* 25/30 (83%) liked this reminder, and 24/30 (80%) would ask about HIV testing at their next check-up.

Comments included: 'A really good idea and could help a lot of women.' 'Very straight and to the point.' 'Young girls don't think about this so it's good to give them awareness.' Overall there was a positive response to receiving all three texts, and over two-thirds of responders said they would act on them.

We agree with Douglas and Free[1] that it is important for healthcare professionals to understand patient experiences of a text messaging service. User groups can also be helpful. Text messages are increasingly used for appointment reminders in primary care and could have potential as key health promotion tools in the future.

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Social media in general practice: a ray of hope or a can of worms?

We read with interest the letter by Lad and McGowan[1] in which they present their views on the future of patient–doctor communication in healthcare. In response to their suggestions, there are four points we would like to address. Firstly, while a paperless NHS is a desirable, and perhaps inevitable, progression, we draw a critical distinction between IT and social media in achieving the 'iSurgery.' Indeed, the lack of security in social media is well documented[2] and has many ethical and legal implications for patient confidentiality and consent, two inalienable aspects of good medical practice.[3–4]

Moreover, we disagree that the next logical step for IT in medicine is social media: there is little evidence to suggest traditional modes of communication (letters and telephone calls) between GPs and patients are ineffective or disliked by patients. As the old mantra states: 'If it isn't broken, why fix it?' Effecting wide-sweeping change in the current climate of financial strain would be challenging enough without considering the steep learning curve for GPs and practice staff.

Thirdly, while mobile text and email interactions between GPs and patients have reportedly had positive outcomes, can we translate this to social media?[5–6] Clearly, the former have significantly wider use across all demographics than social media. Furthermore, a move towards social media potentially increases the risk of excluding vast subsets of society who do not use or do not have access to such websites.

Finally, though the traditional paternalistic consultation is increasingly a thing of the past, in promoting telemedicine, there may be a danger of failing to adequately address patient concerns and overlooking key body language cues which would otherwise be apparent in face-to-face communication. The adoption of wide-ranging social media in healthcare would also be vulnerable to device failure and website maintenance, which occur commonly, leading to frequent periods of impaired communication between doctors and patients.

We commend Lad and McGowan in seeking improved patient–doctor communication, and agree that this should be a key area of future innovation and discourse among healthcare professionals. Overall, however, the practical and ethical detriments of social media in the healthcare setting outweigh the benefits outlined by the authors in their letter. We feel, instead, that the current focus in healthcare IT development should remain for the moment with greater harmonisation of disparate patient information networks coupled with continuing development of electronic patient notes and records.

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