Are GP career intentions more prevalent in UCL Primary Health Care iBSc students? Pellet 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 is based on several key factors: the characteristics of the profession, training in a general practice, attitude towards 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 solitary 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 specialty, 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 who chose general practice early caused this choice not to be overlooked.

Douglas N and Free C. ‘Someone batting in my corner’: experiences of smoking cessation support via text message. Br J Gen Pract 2013; DOI: 10.3399/BJGP13X674404

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Do smoking text messages work? The only RCT comparing text messaging to telephone …’ 27/30 (90%) thought this reminded a good idea, and 20/30 (77%) said they would book a check-up.

Text messaging to promote health Douglas and Free’s qualitative study of a randomised controlled trial 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 exceeding regular STI checks, of long active reversing contraception (LARC) and HIV testing. These three topics were chosen in response to the recent results of the Sexual Health Improvement, which highlights sexually transmitted infections (STIs), teenage pregnancies and late diagnosis of HIV as major public health issues 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.

REFERENCES

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We read with interest the letter by Lad and McGowan 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, by implying that paperless NHS is a desirable, and perhaps inevitable, progression, we draw a critical distinction between IT and social media in achieving the ‘Surgery.’ Indeed, the lack of security in social media is well documented and has many ethical and legal implications for patient confidentiality and consent, two invaluable aspects of good medical practice.

Moreover, we disagree that the next logical step for IT 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 mantras 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 transplant this to social media? Clearly, the former have significantly wider use across all demographics than social media. Furthermore, given the 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 overtaking key 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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