Letters

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Editor's choice

There is no evidence that time spent in general practice as a UK medical student correlates with recruitment to the GP workforce. In fact, the study by Harding *et al* shows that the correlation is in the opposite direction.[1] As Harding *et al* point out, there was a substantial increase in the proportion of medical school training spent in general practice between 1980 and 2002. Although they document a more recent decline, the current proportions of medical school curricula allocated to general practice are 4–5 times greater than they were in 1980. The UK Medical Careers Research Group reported that proportions of UK graduates entering general practice from cohorts qualifying in the 1970s and early 80s had ranged between 40–45%: among 1983 graduates the proportion working in general practice was 42.7% 10 years after qualification.[2] The current dire recruitment figures show that the proportion choosing general practice is less than half what it was in the 1970s and 80s, when there was effectively no general practice in the curriculum.

It would be absurd to suggest that greater exposure to general practice in medical school caused the decline in proportion of graduates choosing the specialty, but it is no more absurd than claiming that further increasing the proportion of undergraduate curriculum time in general practice will help attract 50% of graduates into general practice. Only significant changes to the rewards and opportunities in primary care can do that.

Tim Lancaster,

GP, Oxford and Director of Clinical Studies, Oxford Medical School.
E-mail: tim.lancaster@medsci.ox.ac.uk

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Continuity of care is very important

We congratulate Ridd *et al* on an interesting approach to cancer diagnosis in general practice, but were disappointed that in 2015 they could write:

'Seeing the same doctor is associated with higher patient satisfaction but evidence that it makes a difference to patient outcomes is weak.'[1]

Patient satisfaction is itself a major patient outcome, not something separate.

Prospective randomised trials in this field can be unethical, so that much of the available evidence is observational. However, two randomised controlled trials have been done and both were positive for continuity of care.[2,3]

Numerous international studies reveal that continuity of generalist care is significantly associated with better compliance, better care for people with diabetes, the development of trust in medical generalists by patients, provision of more personal preventive care, significantly fewer hospital admissions for elderly ambulatory care, and lower all-cause mortality. The large number of studies reported are not in equipoise, there are several with no definite result, but about 100 with a positive association, and only three, including Ridd *et al*,[1] with an adverse effect.

On the balance of probabilities, continuity of generalist care is beneficial to patients, and both patients and clinicians deserve to hear that message.

Denis Pereira Gray,

Emeritus Professor, St Leonard's Research Practice, Exeter.
E-mail: denis.pereiragray@btinternet.com

Kate Sidaway-Lee,

Research Assistant, St Leonard's Research Practice, Exeter.

Eleanor White,

Student on BSc course, Exeter Medical School, Exeter.

Philip Evans,

Managing Partner and Research Lead, St Leonard's Research Practice, Exeter.

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The inevitable demise of the independent contractor status

Azeem Majeed and Naureen Bhatti make a compelling case for giving up independent contractor status, while Rebecca Rosen suggests that this would result in 'some wins', but would not be worth the disruption that enforcing it would cause. In fact no enforcement is necessary. The inevitable demise of independent contractor status is already being facilitated by our profession.

Roger Jones rightly points out that many GPs are opting for salaried roles. Uncertainty over the future of general practice combined with inflated fears of the responsibilities of partnership undoubtedly play a role in this choice, but for many young GPs a salaried assistantship is the only employment option on offer. In an increasingly difficult economic climate, partnerships are replacing partners with assistants not to meet the needs of the next generation of GPs, but as the only means they have of maintaining or increasing the incomes of the remaining partners. However, subsidising partners' incomes from the lower pay of assistants is an uncoupling from economic reality that can have only one consequence.

The government's intention to make general practice a 7-day service is both