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# February Focus

According to the study on page 87, GPs are enjoying work again as much as they were in 1998, at least those in England, and at least in 1994. The majority are satisfied with the job they do, though they report a lot of pressure, some dissatisfaction with the hours of work, and a feeling that there isn't enough time to do justice to the job. The study also confirms one's instinctive expectation that being involved in decisions at work is associated with higher levels of satisfaction. All of this was happening just before the contract changed, so the doctors involved were all still responsible for 24-hour care. Relinquishing the 24-hour responsibility may have made GPs' lives in the UK easier, and have led to higher rates of job satisfaction, but Jim Cox, who no longer works in clinical medicine, fears that we have made a huge error by giving it up (page 83). It's possible for others to do this job without increasing the risks to patients, but it marks a significant shift in the kind of work we are asked to do, and he thinks that we no longer qualify as practitioners of family medicine according to the European WONCA definition. In my practice at least we are wondering how we can be effective commissioners of secondary care if we only guard the gate into secondary care for approximately a third of the working week. Nor will readers be surprised that general practice is not seen as a particularly attractive career option when students graduate (page 134) with the proportion opting to take it up increasing from 18% on graduation in 1995 to 33% after 10 years. The reasons given for the switch predominantly were hours of work and domestic responsibilities; no more surprising, perhaps, than the mere 20% who gave as one reason 'Enjoy current work'. If, as would be predicted, such reasons for entering primary care continue, then the likelihood of GPs ever taking back the responsibility for 24-hour care is negligible. Most GPs will rejoice, but every change will have unforeseen consequences. For instance, the current contract has the air of reducing us to box-ticking ciphers, and that is making at least one potential recruit think again (page 140). When it's combined with a strict approach to planning and evaluating

doctors' personal and professional development, it may be inhibiting the kind of broader approach to education that most of us would want to encourage (page 143). Like so many other aspects of primary care, they manage these things so much better in the Netherlands, although there too they view the future with some concern (page 144). Perhaps we should all take out a subscription to the *Journal of Happiness Studies* (page 145).

The other counter argument to the old guard who, like Uncle Theodore in *Scoop*, only 'change and decay in all around [they] see', is that other demands on primary care continue to increase, and something has to give. More sexually transmitted infections are being treated in primary care in both the Netherlands (page 104) and France (page 110). The large study in the UK on screening for chlamydia infection reports on page 99 on the success of reaching young men. They turn out to be difficult to reach by post, with so much mobility; more surprising is that they aren't the invisible group, never coming anywhere near their GPs that we used to think. This departure from the traditional stoical model is echoed on page 147, with Mike Fitzpatrick making his preference very clear. Another widely held belief takes a beating from the study on page 122: 'The idea that most IBS patients referred to hospital are committed to a somatic explanation of symptoms appears to be a myth'. Practices are also going to be asked to pay more attention to the care of patients with learning disabilities. An account of what can be achieved with a structured approach appears on page 93, and one can see why it works in this group, when it's generally felt not to in others. The leader on page 84 points out that the group has been largely neglected, despite a plethora of well-intentioned reports over the years, and welcomes the inclusion of some standards in the Quality and Outcomes Framework in the future.

**DAVID JEWELL**

Editor

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