medical professionals and donors in 2011 to support altruistic donation. The website has contact details for the living donor transplant coordinators for those who wish to take matters further.

Paul van den Bosch,
GP, Pirbright Surgery, The Old Vicarage, Pirbright, Woking.
E-mail: pandtvdb@gmail.com

REFERENCES

DOI: 10.3399/bjgp13X675331

Sustainability, carbon footprints, and dyspepsia

Roger Tisi1 rightly draws attention to the unnecessary work that GPs have to do with little evidence for benefit. Peter Perkins2 letter on dyspepsia is interesting only because it makes sustainability even more remote. While Ca125 has a place in investigation, it is of such low sensitivity and specificity3 that it cannot be routinely used in dyspepsia. When the NICE guidelines on heavy menstrual bleeding were first adopted, one PCT noted that it was spending in excess of £20K on unnecessary TSH tests!

Michael Balint4 may have had sustainability in mind when he wrote his book, The Doctor, His Patient and the Illness. How many GPs still collude anonymously with their patients and colleagues? It is so easily done and often, mistakenly, saves the consultation or helps terminate it! But ‘collusion of anonymity’ is wasteful of resources and inimical to sustainability. Above all else it is an illusion of good medicine and perpetuates the myth of the ‘nice’ doctor.

One is also persuaded by the power of the doctor as the most potent therapeutic intervention in the consultation. GPs no longer seem to have the time to discuss risks/benefits with patients, but now need to be willing and able to reclaim their professionalism and engage more with patients. Therein lies the key to good medical practice and sustainability.

Ken Menon,
GP, The Ongar Surgery

REFERENCES

DOI: 10.3399/bjgp13X675340

The postcode lottery of GP training: Time Out of Programme

I was encouraged to read the article by Franey et al about the undoubted value of an international Time Out of Programme Experience (OOPE), particularly in a low or middle income country. In the Severn School of Primary Care (Severn Postgraduate Medical Education) we have been promoting this activity for 5 years, inspired by the Crisp report.2 The many gains3 that accrue have informed our selection criteria: how will the OOPE benefit the candidate’s career progression, general practice in the NHS, and the health of the country of the placement, and why does the OOPE need to be taken at this particular time?

To date we have had overseas OOPE doctors (OOPEs) in Uganda, Malawi, Madagascar, KwaZulu-Natal, Solomon Islands, Zambai, Northern India, Costa Rica, Nicaragua, and the Cook Islands. Short descriptions of their inspirational experiences are available on our website: http://www.primarycare.serrendeanery.nhs.uk/training/trainees/out-of-programme-experience-and-opportunities-oope/our-recent-oope-trainees-and-what-they-got-up-to/

We finance placements for our intending OOPEs on a local 3-day course in overseas medicine, which is aimed at doctors and nurses preparing to work in low resource countries. We provide a series of in-house meetings where returning OOPEs share their experiences and potential OOPEs have an opportunity to discuss preparatory arrangements. We emphasise and try to ensure that all our OOPEs have clinical