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

In their study on GPs' job satisfaction Lambert et al2 described 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 pursuing another specialty 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.3 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 specialty often held in low esteem being the main obstacle. 37.5% (n = 76) had hesitated between general practice and another medical specialty, 66% (n = 131) said that general practice was their first choice. Their positive choice of general practice was based on several key factors: the characteristics of the profession, training in a general practice, the doctor–patient relationship, confidence in their education, the conditions of future practice and quality of life. Six profiles were defined: the convinced, with a conscious preference for general practice; the generalist, who has always lived in Toulouse and gave priority to personal relationships; the sedentary students, who have always lived in the north of France, attracted by the southern climate and critical appraisal skills as well as exploring general practice in depth.4 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 GP 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.

Text messaging to promote health

Douglas and Frees’ qualitative study2 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 group user study to investigate what female genitourinary medicine clinic attendees thought about texts3 using regular STI checks, of long and active reversing contraception (LARC) and HIV testing. These three topics were chosen in response to feedback from 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 PPS course better informs students about general practice, although being better informed alone does not directly translate to a stronger GP career intention. Ryo Fukaura, Medical Student, University College London. E-mail: r.ryo.fukaura@ucl.ac.uk

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

Peile mentions the importance of the role of medical schools in influencing students to consider a career in general practice. Research on the undergraduates’ determinants on students’ career choices and specifically choosing a career in general practice5 is important because medical schools can now tailor their teaching to overcome the problem of the declining number of GPs. Little research has done on the career impact of iBSc degrees, and loss on iBSc in primary health care (PHC). Traditional pre-clinical iBSc degrees have often influenced students academically, and discouraged them from becoming GPs. 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 GP 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 32 out of 104 (31.7%). 13 Of 158 GPs students expressed a degree of interest in general practice, while only 8 (of 18) non-GP students expressed interest. This was statistically significant (OR = 8.127, 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 PPS course may already have developed a strong interest in primary care, and received public iBSc year which may have influenced our results.

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

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. First of all, is paperless NHS is a desire, and perhaps inevitable, progression, we draw a critical distinction between IT and social media in achieving the ‘surgey.’ Indeed, the lack of security in social media is well documented and has many ethical and legal implications for patient confidentiality and consent, two inalienable aspects of good medical practice.7,8 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.9 Thirdly, while mobile text and email interactions between GPs and patients have reportedly had positive outcomes, can we translate this to social media? Clearly, the former have significantly wider use across all demographics than social media. Furthermore, 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 interrupted communication between doctors and patients.10 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 continued development of electronic patient notes and records.

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