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4. DOI: 10.3399/bjgp13X674502.

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

Pelei 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 important because medical schools can now tailor their teaching to overcome the problem of the declining numbers of GPs. Little research has been done on the career interest of iBSc degrees, and less on iBScs in primary health care. We carried out a case-control study of the convinced, with a conscious preference for general practice and who have been better informed about their career choice. In the future, the study 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 general practitioner medicine clinic attendees thought about texts containing regular STI checks, use of long acting reversible contraception (LARC) and HIV testing. These three topics were chosen in response to the General Medical Council’s Sexual Health Improvement, which highlights sexually transmitted infections (STIs), teenage pregnancies and late diagnosis of HIV as major issues for public iBSc year which may have influenced our results.

A PHiS 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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Text messaging to promote health

Douglas and Frees' qualitative study found that a randomised controlled trial 2 show that text messaging offers a valuable way of supporting people trying to give up smoking. Text messages may also have the potential to influence peer group behaviour, through social norms. 3

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

We read with interest the latter by Lad and McGowan in which they present their views on the future of patient-communication in healthcare. In response to their suggestions, there are four points which we would like to address. Firstly, concerning the freedom to choose whether to send an SMS, a paperless NHS is a desirable, 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. Moreover, we disagree that the next logical step for IT in medicine is social media—there is 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?’ Effective wide-sweeping changes 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 translate this to social media? Clearly, the former have significantly wider use across all demographics than social media. Furthermore, social media potentially increases the risk of excluding vast subject of society who do not use or do not have access to such websites.

Finally, though the potential social media consultation is increasingly a thing of the past, in promoting telemedicine, there may be a danger of failing to adequately address patient concerns and overlooking 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 continued development of electronic patient notes and records.

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