mark.² Most (51%) believed one WTS session to be equal to 1–20 cigarettes, 18% believed 21–40 cigarettes, and 29% believed it to be >40 cigarettes.

The main limitation of this study is the low response rate although this is common with GP surveys.^{3,4} WTS may be more commonly discussed in primary care consultations than previously assumed, with one-fifth of GPs having given WTS advice to patients. However, lack of awareness of WTS health effects and lack of confidence in giving advice on WTS is likely to reduce the scope for the delivery of effective smoking cessation interventions in primary care. Inclusion of information on WTS within clinical guidance appears appropriate given its growing use in some settings.

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Funding

This study was funded by the Applied Research Unit, NHS Brent.

Competing interests

The authors have declared no competing interests.

Acknowledgements

Thanks to Shilpi Patel (NHS Brent) and Dr Sigrun Baier (Royal Preston Hospital) for their assistance during the course of this project.

REFERENCES

1. Jawad M, Wilson A, Lee JT, *et al*. Prevalence and predictors of water pipe and cigarette smoking among secondary school students in London. *Nicotine Tob Res* 2013; **15**(12): 2069–2075.
2. Jawad M, Khaki H, Hamilton F. Shisha guidance for GPs: eliciting the hidden history. *Br J Gen Pract* 2012; **62**(595): 66–67.
3. Khan A, Hussain R, Plummer D, *et al*. Too many surveys! Eliciting the views of general practitioners for not participating in postal surveys. *Aust J Prim Health* 2004; **10**(2): 76–81.
4. Morris C, Cantrill J, Weiss M. GP survey response rate: a miscellany of influencing factors. *Fam Pract* 2001; **18**(4): 454–456.

DOI: 10.3399/bjgp14X679642

Impact of training location on the workforce crisis

There are known to be wide variations in the GP workforce across England. Our most under-doctored areas tend paradoxically to be those with high social deprivation, and hence ill health. The Centre for Workforce Intelligence shows that the current workforce crisis is particularly focused in the north of the country.¹ These areas correspond almost exactly with the recently published heat map of reduced life expectancy,² and won't be a surprise to those familiar with Julian Tudor-Hart's 'inverse care law'.³

After qualifying as GPs, doctors tend to work in the areas in which they trained. Because of this, one major NHS strategy to address these inequalities has been to focus training capacity in areas anticipated to have the greatest current and future need.

Depressingly however, not only has there been a near 15% reduction in the numbers applying in round one for GP speciality training overall this year, but we also note a further decrease in the popularity of those parts of England with the greatest need for trained GPs. This contrasts strongly with the more affluent areas of England, particularly in the south of the country, which have been holding their own or increasing in popularity over the past 6 years.

This is clearly shown in the graph below (Figure 1), which compares the combined round one application ratios (the number of

applicants per GP specialist trainee vacancy) for the four northern English deaneries with that of the most popular southern ones (GP National Recruitment Office, personal communication, 2014).

As nearly 25% of applicants are unable to demonstrate the necessary competencies to train in general practice, and many use general practice as a 'fall back' career option, deaneries with low application ratios struggle to fill their training places.

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REFERENCES

1. Centre for Workforce Intelligence. GP in-depth review preliminary findings. May 2013. <http://www.cfw.i.org.uk/publications/gp-in-depth-review-preliminary-findings> (accessed 10 Apr 2014).
2. Rogers S. Life expectancy across the UK mapped. *theguardian.com* 2011; **8 June**: <http://www.theguardian.com/news/datablog/interactive/2011/jun/08/life-expectancy-uk-health-mapped> (accessed 10 Apr 2014).
3. Hart JT. The inverse care law. *Lancet* 1971; **1**(7696): 405–412.

DOI: 10.3399/bjgp14X679651

Figure 1. Combined application ratios.