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The National Diabetes Prevention Programme

Notwithstanding the human and financial implications of diabetes, we are concerned with the selective use of evidence to support the National Diabetes Prevention Programme. The editorial by Sood *et al* describes trials, which offered expensive, intensive interventions to participants selected on strict and extensive criteria with stringent methods to maintain participant engagement.^{1,2}

Trials designed to emulate these randomised controlled trials have failed to reproduce the primary outcome of reduced diabetes incidence.³ Many lifestyle intervention trials in the UK and elsewhere have shown improvements in weight⁴ and blood glucose measurements,⁵ but have not reduced the incidence of diabetes.⁶

We hypothesise that policymakers have underestimated the complexity of sociocultural influences that predispose to diabetes and the barriers that need to be addressed to ensure success of 'behaviour change' interventions.⁷

We encourage the National Diabetes Prevention Programme to heed the recommendations of experts⁸⁻¹⁰ and initiate a long-term primary prevention strategy applied at multiple levels including population and community components.

Eleanor Barry,
Academic GP Trainee, Barts and the London Medical School, London.
E-mail: eleanor.barry@nhs.net

Trisha Greenhalgh,
Professor of Primary Care Health Sciences, University of Oxford, Oxford.

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Competing interests

The authors are currently undertaking a quantitative and qualitative systematic review of the literature related to this subject.

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Provision of medical student teaching in general practice

May I humbly but strongly disagree with the comments made in a recent letter by Tim Lancaster in your Journal claiming that there is no link between exposure to general practice as an undergraduate student and future career choice to be a GP.¹ Like much of medical education, there is of course no simple randomised

controlled trial that links the complex sociological phenomenon of career choice and previous experience, but even a cursory glance at the latest career choices made by Foundation Doctors² clearly illustrates the contrast of medical schools with high quantities of GP exposure (such as Keele or Hull York) and those with lower (such as Oxford or Edinburgh). Over the past 10 years we have asked our final year students at Newcastle University (*n* = 2563) before and after their GP rotation about their interest in general practice as a career. Consistently 35-40% report no interest before but an interest after their placement. Although not conclusive, surely this is a more persuasive argument than comparing current career intentions with those 40 years ago?

Hugh Alberti,
GP and Sub-Dean for Primary and Community Care, Newcastle University, Newcastle.
E-mail: hugh.alberti@ncl.ac.uk

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Mandatory reporting of FGM

The commendable editorial *Mandatory reporting of female genital mutilation by healthcare professionals*¹ drew front-line health professionals' attention to proposed legal changes² and their clinical implications. We agree with the authors' concerns regarding confidentiality.³

We wish to draw attention to the distinction between (a) mandatory reporting to the police of any girl or woman aged <18 years found to have undergone FGM, whenever it was performed; (b) the current