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### Fatigue, role models, MDT meetings, and GP signatures

*Fatigue.* Fatigue is an extremely common primary care symptom in all age groups. Some affected individuals have associated chronic disease, others have no identifiable cause, and a tiny minority have chronic fatigue syndrome (CFS). Until recently, NHS services focused solely on the small percentage of people with CFS and excluded the majority of patients who had fatigue but did not meet the CFS diagnostic criteria. In order to address this unmet need, a clinic based on a Dutch model was set up in Newcastle upon Tyne in 2013. A study analysing this new service, described as the UK's first NHS generic fatigue clinic, found it successfully met the majority of important needs and was popular with both users and referrers.<sup>1</sup> Patients using the service were generally much older than those found in specialist CFS clinics and had a high burden of chronic disease, suggesting the demand for this type of clinic may well increase in future decades as population demographics change.

*GP tutors as role models.* Modern hospitals are constantly striving to increase efficiency, reduce patient stays, and get maximum productivity from super-specialist consultants. This has had a significant impact on medical education and meant general practice is more important than ever as an environment in which to learn clinical medicine. In a recent Swedish study, 20 experienced GP tutors (median age 50 years) were asked about the attributes they considered important for GP tutors of medical students.<sup>2</sup> Three main themes emerged: coordination of the learning environment, delivering student-centred education, and acting as an ambassador for general practice.

The authors argue that greater training for GP tutors would support them to fulfil this complex role and thereby improve the recruitment of future GPs. The NHS desperately needs more GPs, and medical schools in this country have an important duty to ensure that their GP tutors are well supported and therefore able to act as positive role models.

*MDT meetings.* For years, health commentators have suggested that better health and social care integration could improve the care of individuals in the UK, and a number of pilot programmes have emerged in recent years, aiming to test new models of care. One such pilot was launched in North West London in 2011 and aimed to keep older individuals and those with diabetes out of hospital by improving access to community care.

One of the key interventions was regular multidisciplinary team (MDT) meetings, and a recent study sought to explore the experiences and perspectives of some of the professionals who attended them.<sup>3</sup> They generally found the meetings to be positive as they allowed learning and decisions to be shared across different services, although time constraints and group dynamics had often proven challenging. The authors rightly highlight that one of the key challenges in these meetings is ensuring that patients, and not professionals, are the main focus.

*GP signatures in participation programmes.* In France, GPs play a key role in the colorectal screening programme and are responsible for providing faecal occult blood test kits (or excluding individuals on the basis of their medical history) and following up on results that are abnormal. Participation rates for the programme have been low across the country and are particularly poor in Paris, where only about 15% of individuals take part. A recent RCT sought to assess the impact of a signature from the patient's GP on a letter inviting participation in the programme.<sup>4</sup>

They found that customisation of the letter with a signature in this way had no impact on the frequency of patients taking part. The authors discuss a variety of obstacles for GP involvement in screening programmes, including insufficient time and training, and, perhaps most importantly (and often justifiably), personal doubts about the benefits and relevance of the programme.

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DOI: 10.3399/bjgp15X687493

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