Letters

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Editor's choice

Clinical skills training in UK GP training schemes

Having spent time examining primary care training in a number of countries outside the UK, there does seem to be less emphasis on clinical skills training for GP trainees in the UK than for primary care physicians in other countries with well-developed training programmes. I would therefore support Rachel Brettell's call for better clinical skills training during the period that doctors spend as GP trainees.[1] Once they finish their training, GPs in the UK often also see many more patients in a typical working day and have shorter consultation lengths than primary care physicians in many other developed countries; this also hampers the retention and development of the clinical skills of GPs in the UK.

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Competing interests
Azeem Majeed's department hosts the Imperial GP Specialty Training Programme.

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1. Brettell R. Hearing crackles: why all GPs should pass PACES. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X686857. http://bjgp.org/content/66/650/474.

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The Calais 'jungle'

The Calais 'jungle' is a shocking indictment of governmental policy towards refugees in 2016.[1] Medical assistance to the inhabitants of the unofficial refugee camp, many of whom are unaccompanied children, is at best scanty and uncoordinated.

Most of the refugees live in deplorable conditions under tarpaulin sheets on the former dumping sites, which are also home to sizeable rat populations. Many sleep close to the ground and are forced to endure squalid toilet facilities. Some suffer with infectious diseases such as malaria and tuberculosis, and are in need of urgent medical treatment. They are exposed to assault, ethnic and police violence, sexual exploitation, infectious disease, and psychological illness.

Non-governmental organisations (NGOs), for example MSF, and local charities such as the Salam Association are on hand to provide a level of primary care, yet what is needed is an orchestrated medical campaign to include screening for infectious disease and even secondary care for certain cases. We contend that a joint Franco-British programme is needed urgently to augment public and environmental health measures in the refugee camps around Calais and to liaise with the NGOs already in operation there.

The British and French Armed Forces benefit from unparalleled resources to provide medical aid in adverse situations — both contributed admirably to containing the recent Ebola epidemic in West Africa — and have a history of collaboration. Could we invite their respective medical services, with their wealth of experience, staff, and supplies, to become fully engaged in assessing and addressing the refugees' health needs in the camps?

In these days of extreme global inequality, a compassionate governmental response could powerfully counter the narrative of violence we appear to have grown accustomed to.

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1. Jones R. Fundamental flaws. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X685309. http://bjgp.org/content/66/647/283.

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General practice workload

Des seems to have been working in an alternative universe of general practice.[1]

Numerous pressures from outside general practice control have driven up workload. Computers have allowed identification of all of one's patients to be tested, checked, and ripened for preventive medication. Chronic disease clinics in practice have driven up attendances, tests, and workload. Cancer detection systems, which require 98 fit people out of a 100 (to detect two with cancer) to be referred, caused rising referrals. Ineffective anti-anxiety medications remain a major obstacle to removing the worried frequent attender. As far as depression is concerned it is well known that societal malaise drives up depression rates in communities. At present the practice has been asked to identify more dementia patients by the local CCG but explaining that the practice has no nursing homes in its patient catchment fails to assuage the relentless work to find what is not there. An older population with multimorbidity creates work: in the 1960s your surgery did not need a lift to get patients to first-floor consulting rooms. Finally, what about those checks on non-diseases such as the ill-named chronic kidney disease register, a sort of modern-day general practice Hans Christian Andersen's *Emperor's New Clothes* story. Please Des, come back into reality and start knocking the issues that really have caused the rising workload and professional deskilling.

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