# Letters

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## Editor's choice

## Hearing crackles: why all GPs should pass PACES

It was a pleasure to read Brettell's call to arms about the importance of clinical examination skills for GPs.[1] I am fortunate to work in a practice where three of us first passed the MRCP *en route* to entering our chosen profession as GPs. In an age of apparent demoralisation among GPs, the challenge and enjoyment of clinical diagnosis is a useful daily antidote. I still remember, as a GP trainee, debating with my trainer, months before his retirement, about whether a patient had a pleural effusion or consolidation. The chest X-ray proved him right, as he still reminds me in Christmas cards. Conversely, I also recall with satisfaction detecting the murmur of aortic regurgitation in my first months as a GP partner. My predecessor had passed the heart sounds as normal. The teddy bear from the hospital trolley, bought for me by the patient after her valve replacement, still cheers up grizzly toddlers in my consulting room. We teach third- and fifth-year medical students from Keele University during impressively long attachments in general practice, and I am often struck how cursory their examination techniques can be. Percussion of the chest, for example, seems to be regarded as alien to the general practice setting.

Perhaps the College should review its CSA scenarios and incorporate some that require demonstration of sound clinical examination skills.

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### REFERENCE

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.

DOI: 10.3399/bjgp16X687673

## Beyond the consultation room: GPs and physical activity

We read last month's editorial on promoting physical activity with pleasure, but feel the authors should have gone further.[1] If we discovered a drug that reduced the risk of cardiovascular disease, diabetes, and cancer by 20–50%, calls for more education and signposting would be seen as risible. Treating physical activity seriously is good for patients and has the potential to significantly reduce GP workload.

Lifestyle behaviours like smoking, drinking, eating too much, and moving too little cause around 40% of deaths in the UK,[2] yet we spend a relatively small amount of time combating these major drivers of disease with patients. In our surgeries we should ensure that we have bike stands, good public transport connections, standing desks, and adverts for local physical activity opportunities such as walking groups, exercise classes, and sports. We should support our staff in stopping smoking and maintaining a healthy weight by encouraging subsidised physical activity opportunities for NHS employees and access to cessation services.

Beyond the practice car park there are a myriad of ways that GPs can make a real difference to our communities by influencing the physical, social, and policy environments. We should be politically engaged: lobbying councils for green space, safe streets, cycle lanes, improved pavement surfaces, investment in public transport, accessible and affordable facilities for physical activity (including new free-to-access activities such as outdoor gyms), organised sports and community events, and accessible and affordable fruit and vegetables.

We have a clear mandate to engage in community-oriented health promotion,[3] but currently there are no incentives, no time, and no training. Virchow said, *'If medicine is to fulfill her great task, then she must enter the political and social life.'*[4] Promoting physical activity in our local communities demands this approach, and has the potential to reduce workload, prevent disease, and ultimately save lives.

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2. Institute for Health Metrics and Evaluation. Global burden of disease hub. Seattle, WA: IHME, University of Washington, 2015. http://vizhub.healthdata.org/gbd-compare (accessed 4 Oct 2016).
3. Royal College of General Practitioners. The curriculum statements. http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/document-version.aspx (accessed 4 Oct 2016).
4. Wittern-Sterzel R. 'Politics is nothing else than large scale medicine' — Rudolf Virchow and his role in the development of social medicine. [In German]. *Verh Dtsch Ges Pathol* 2003; **87:** 150–157.

DOI: 10.3399/bjgp16X687685

## Antibiotic eye drops for conjunctivitis in infants at nursery

The pressure to prescribe also exists in community pharmacy. In Scotland the minor ailments scheme, which is available to children registered to a GP practice, provides the opportunity for community pharmacies to supply antibiotic eye drops directly to parents at no cost to them. A patient group direction for chloramphenicol eye drops also allows this supply outwith the product licensing for the over-the-counter version of chloramphenicol eye drops; allowing the supply of generic chloramphenicol eye drops to infants.