GP trainers, menopause, shared decision making, and coroners’ reports

GP trainers. Rarely does a week go by without an unpleasant newspaper headline about GPs overprescribing antibiotics. Having recently had a patient swear profusely at me and refuse to leave my consultation room after I’d explained that they had a viral infection that wouldn’t improve with antibiotics, I find myself wondering whether policymakers really understand the work we do in primary care. A recent French study took on the divisive issue of antibiotic prescribing, comparing rates between GP trainers and non-trainers.1 They looked at the prescribing patterns of 860 GPs over 1 calendar year, 102 (11.9%) of whom were GP trainers. Prescribing rates were adjusted for various GP characteristics, including sex, age, location of the practice, number of visits per GP, and the case-mix. Being a trainer resulted in a significant difference in antibiotic prescriptions compared with non-trainers, corresponding to a relative reduction of 23.4%. Although a noteworthy finding, it’s difficult to know what the policy implications might be. An interesting follow-up question might be: what is it about being a GP trainer that makes you less likely to prescribe antibiotics?

Menopause. It’s quite possible to work as a junior hospital doctor for several years without having to think about a condition like menopause. I managed to do just that, despite having spent 6 months working in O&G. A recent Australian study sought to investigate the prevalence and associations of GP registrars’ management of women with menopause-related symptoms.2 Of the whopping 189,774 registrar consultations addressing menopause-related symptoms, a cross-sectional analysis. Menopause 2017; 191: 123–132. DOI: 10.1097/GME.0000000000001042. [Epub ahead of print].

3. Brogan P, Hasson F, McIlfatrick S. Shared decision making: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

REFERENCES
3. Brogan P, Hasson F, McIlfatrick S. Shared decision making: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Coroners’ reports. Since legislation in 2009, coroners in England and Wales have had a duty to produce reports in cases where they believe it is possible to prevent future deaths. A research team from Birmingham recently examined these reports with a focus on preventable medication errors and novel adverse drug reactions.3 They examined 500 coroners’ reports and found that medicines or a part of the medication process were mentioned in 99 (19.8%) of them. Anticoagulants, antidepressants, and opioids were the most common drug classes to appear. Concerns most frequently related to adverse reactions to prescribed medicines, omission of necessary treatment, and failure to monitor treatment. Most reports went to local hospitals or CCGs, which, as the authors highlight, could mean that important lessons are not being shared with the wider medical community.

Ahmed Rashid,
GP and Senior Clinical Teaching Fellow, UCL Medical School, UCL, London.
Email: ahmed.rashid@ucl.ac.uk
@Dr_A_Rashid
DOI: https://doi.org/10.3399/bjgp18X695573