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REFERENCES

1. Simon C, Forde E, Fraser A, *et al*. What is the root cause of the GP workforce crisis? *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X700145>.
2. Dunningan MG. Exaggerated estimates of GP consultation rates may discourage GP recruitment. *BMJ* 2014; **349**: g6245.
3. British Medical Association. Patient safety under threat from pressures in general practice. 2016. <https://www.bma.org.uk/news/media-centre/press-releases/2016/november/patient-safety-under-threat-from-p pressures-in-general-practice> (accessed 15 Jan 2019).

DOI: <https://doi.org/10.3399/bjgp19X700889>

Prescribing parkrun

A fantastic and inspiring article on the power of prescribing parkrun.¹ Our practice based in South London has recently signed up as a parkrun practice and reading the success stories of how parkrun has transformed patients' lives is exactly why we joined this initiative.

There is something for everyone at parkrun and the examples used show the vast range of health benefits it can have from cardiac rehab and weight loss to reducing social isolation and mental health problems. For a GP surgery it helps to form closer links with the local community, as well as health promotion for staff.

The main barrier we have had to overcome is convincing patients and staff that it is not just an event for 'runners' but is inclusive for all. That Saturday morning buzz can be had by walkers, joggers, and volunteers, who are essential in running the events. Colleagues and patients have said that it can seem quite intimidating on the first visit and I would encourage parkrun to continue to focus on inclusivity and breaking down these barriers to involvement.

We are fortunate in our practice to have volunteer health champions who run a 'Couch 2 5K' programme from the surgery twice weekly. Our hope is that patients can then graduate from the couch to a full 5 km parkrun. We have started to see small success stories already, such as an overweight patient who previously had never run, managing a steady jog and even a short sprint when she had thought she had been left behind!

As a GP trainee at the start of my career it

is great to hear from the author that parkrun and all the associated health benefits *'is the best medicine I can prescribe'*. I know that exercise for health will always be part of my health promotion at work.

If you have never given parkrun a go, I would strongly encourage you to sign up to your local event, print your barcode, and walk, jog, volunteer, or run! I guarantee that you will feel the buzz and see the smiles all round, whatever the weather.

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REFERENCE

1. Tobin S. Prescribing parkrun. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X700133>.

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Are we propagating the inverse care law as GPs?

Watt¹ is right to acknowledge the disconnect between the political rhetoric of addressing health inequalities and the reality of limited healthcare provision in areas of greatest need. He has however failed to acknowledge the role that we as GPs have in propagating the inverse care law. Recognising our influence as GPs in workforce planning, policy, and medical education is important in addressing the gaps in provision. Bespoke resilience training,² leadership, and pastoral support would improve job satisfaction in disadvantaged settings, rather than limited-efficacy 'golden handshakes'.³ Offering academic GP training in disadvantaged communities presents another means of supporting GP recruitment and raising the profile of academic general practice. Directing research towards Cinderella specialties, that is, mental and public health, presents an opportunity for an upward cycle of community health understanding, engagement, and improved health outcomes.

As recognised in the editorial by Blythe,⁴ integration of a proactive GP curriculum in undergraduate medicine is essential, encouraging recruitment and incorporating social accountability in health care. This should go beyond taught theory, with hands-on participation in health promotion

and research projects in disadvantaged communities.⁵ Achievement will necessitate more research-active practices outside university cities, and greater collaboration with third-sector organisations. Experiencing a 'Tudor Hart' positive impact will challenge students to consider working in such areas. In contrast, the status quo of increased practice workload in disadvantaged communities risks negatively impacting on GP trainers' ability to engage and inspire medical students.

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REFERENCES

1. Watt G. The inverse care law revisited: a continuing blot on the record of the National Health Service. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X699893>.
2. Eley E, Jackson B, Burton C, Walton E. Professional resilience in GPs working in areas of socioeconomic deprivation: a qualitative study in primary care. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X699401>.
3. Marchand C, Peckham S. Addressing the crisis of GP recruitment and retention: a systematic review. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X689929>.
4. Blythe A. Teaching general practice: a rallying flag for undergraduate education. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X699881>.
5. Boelen C. Coordinating medical education and health care systems: the power of the social accountability approach. *Med Educ* 2018; **52(11)**: 96–102.

DOI: <https://doi.org/10.3399/bjgp19X700913>

Teaching general practice

Andrew Blythe's recent editorial on teaching general practice reminds us of the opportunities to teach diagnostic reasoning, the management of uncertainty, and therapeutics, which appear under-taught in many schools.^{1,2} There is also an opportunity here for a patient safety focus in consulting, in terms of discussing diagnostic reasoning, how diagnostic errors arise, and how to manage diagnostic uncertainty more safely.^{3–5}

The World Health Organization states that *Trainees would benefit from explicit*