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## Valproate and the Pregnancy Prevention Programme

We are grateful to the authors for putting the spotlight on the valproate Pregnancy Prevention Programme (PPP).<sup>1</sup>

It is important to recall the very serious teratogenic effects of valproate. In addition to a 10% risk of major congenital malformations, 30–40% of children exposed in utero will have serious and persistent developmental disorders that impact their quality of life and their ability to lead independent lives. It is therefore vitally important that all reasonable steps are taken to eliminate this risk as far as humanly possible, commensurate with appropriate clinical care of the mother. We continue to be told by some mothers that they were not warned about the risks.

The valproate PPP was implemented in 2018 because of evidence that previous action in 2015 had not had the required impact. Despite repeated communications on the risk since 2015, there were approximately 250 pregnancies exposed to valproate in 2017.

If a patient is considered not to be at risk of pregnancy, they are not required to comply with the requirements of the PPP. We have updated the Annual Risk Acknowledgement Form to include a section to be completed when a specialist prescriber considers that the PPP is not required. If the PPP is needed, the choice of contraception needs to take into account the circumstances of the individual.

We understand that prescribers and patients may have to make individual decisions about treatment that may not be in line with the product licence, to meet the needs of an individual patient. As an off-label prescription, the prescriber would need to take responsibility for, and record the reasons for, that decision.

Implementation of the valproate PPP, which aims to rapidly reduce and eventually eliminate pregnancies exposed to valproate, will take concerted action across the healthcare system. We are closely monitoring the impact, and we will continue to work with the clinical community and a wide range of other stakeholders to identify and respond to barriers to implementation.

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## Stressed GPs: a call for action

Dr Sanju George and Dr Clare Gerada's editorial 'Stressed GPs: a call for action' describes all too clearly the considerable work pressures and significant levels of stress experienced by GPs in the UK.<sup>1</sup> They not only point out the need for urgent systemic change, but also call on doctors to own more responsibility for their own psychological health and wellbeing. At the Royal Medical Benevolent Fund (RMBF), we have been running campaigns to highlight the stress experienced by doctors and tackle the stigma of seeking help, encouraging them to come forward at the earliest opportunity. At our Grants & Awards Committee, we consider the cases of hundreds of doctors each year who have reached crisis point; and, in so many cases of serious difficulty, the sadly familiar line is 'I wish I'd spoken to someone sooner'.

The editorial argues that doctors need to be more aware of their own psychological wellbeing and signs of stress, and should seek help earlier. At the RMBF, we wholeheartedly support this view and, with support from NHS

England, have produced a guide specifically for GPs facing stress at work. *The Vital Signs in Primary Care*, authored by RMBF Trustee and Thames Valley PSU Associate Director, Dr Richard Stevens, sets out the key stress and pressure points for GPs and GP trainees to be aware of, provides practical advice on addressing the underlying causes of stress, and signposts support and resources for those experiencing difficulty.

The guide is free to download at <https://rmbf.org/about/resources/the-vital-signs/> and free hard copies for any GP practice can be ordered by request from [info@rmbf.org](mailto:info@rmbf.org).

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## Teaching from GP trainees: medical students' perspectives

We read the article 'Near peer teaching in general practice' with great interest.<sup>1</sup> As medical students, we would like to share our learning experiences from GP trainees to further this discussion and recommend ways to increase opportunities for teaching.

We believe increasing teaching sessions delivered by GP trainees will not only have academic benefits, but will also provide additional opportunities for students to be exposed to and learn more about general practice as a specialty. This is especially important because of the limited time in the curriculum dedicated to general practice, the current demand to recruit GPs, and the association shown between the quantity of GP teaching in medical school and subsequent entry to GP training.<sup>2</sup>

In primary care settings, we have had very little teaching by GP trainees. We feel this is a missed opportunity as shadowing

trainees exposes us to different consultation styles and allows us to recognise and make comparisons with techniques used by senior GPs. Furthermore, trainees often have more time allocated for each appointment, enabling them to explore a patient's history, concerns, and beliefs in greater depth. Observing these detailed consultations can be valuable for our learning.

We would like to suggest the following changes. First, the medical schools could ask GP tutors in advance to specifically schedule teaching sessions and shadowing opportunities with trainees. This may eliminate factors such as having little prior notice or time to prepare, which are essential in providing high-quality teaching.<sup>3</sup> Second, at the beginning of our placements the supervising GP could introduce us to the trainees as we find this encourages us to be more proactive in organising teaching. Third, to ensure there is sufficient time for the sessions, consultation slots in the GP trainees' schedule could be blocked to create a protected time to provide teaching. Making changes to support learning opportunities will be in keeping with the RCGPs' recommendation of providing students with general practice teaching by a range of GPs.<sup>4</sup>

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## The GP Academy

We read with interest the article on near peer teaching in general practice.<sup>1</sup> The University of Nottingham, like many other universities following the Wass report,<sup>2</sup> has used GP trainees in the teaching of our medical students. We have had excellent feedback from our students and will continue to do this. What we didn't expect is the positive impact on the GP registrars themselves. We have all concentrated on the effects of near peer teaching on the undergraduate medical students, but at a time when there is a workforce crisis in primary care, we know that GP trainees and early-career GPs are leaving regions and the profession in general, and that we are struggling to meet the government targets for 5000 new GPs promised, these findings are of paramount importance.

Our early findings show, among other things, increased resilience, increased understanding of their own training, learning styles, and educational needs, increased desire to work as a GP, increased interest in medical education as part of their portfolio career, increased interest in supervising medical students in practice once qualified, and an increased desire to stay locally in the region because of the positive career links and longitudinal support the trainees have identified.

Because of our findings, we have now launched 'The GP Academy' at the University of Nottingham, using medical education to train and retain GPs in the region. Having made close links with Health Education England who have supported the study leave, local GP training programmes who have hosted us, the LMC and workforce teams who have supported the project financially, and now NHS England, who from April 2019 have agreed to support The GP Academy with significant central NHS funding to roll it out across the region.

Our hope is that once the success is proven here, we will then be able to lead The GP Academy roll-out nationally, for the benefit of our GP trainees, early-career GPs, and the overall primary care workforce.

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## In celebration of GP education

I would like to join in the celebrations of Ahluwalia, Hughes, and Ashworth in support of GP education!<sup>1</sup>

I would expand on the benefits for my peers. Being involved not only in teaching but also in the associated peer group support and learning activities are essential for the maintenance of intrinsic motivation,<sup>2</sup> and a lack of involvement a potential red flag for low motivation of colleagues.

But more importantly I would argue it is a key component of the reflection, renewal, and reaffirmation of professionalism and professional values that protects us from burnout.<sup>3</sup>

Long may GP education be at the forefront of medical education.

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