



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

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Locum doctors, testicular pain, chaplaincy services, and mumsnet

Locum doctors. In the early part of the COVID-19 pandemic, there was a sharp drop in demand for GP locums in the NHS, causing a renewed debate in the medical community about their role in the primary care workforce. Historically, there has been a dearth of academic studies exploring impacts of locum working on the medical profession, prompting a cross-institutional UK research team to examine this by interviewing locum doctors, locum agency staff, and representatives of healthcare organisations who use locums.¹ They found that locums were perceived to be inferior to permanently employed doctors in terms of quality, competency, and safety, and were often stigmatised, marginalised, and excluded.

The authors conclude that the treatment of locums may have negative implications for professional identity; team functioning and the way organisations manage locums may have important consequences for patient safety.

Testicular pain. Outcomes following testicular torsion in adolescents are disappointing, and a delay between symptom onset and presentation to healthcare services is the most significant predictor of testicular loss. A recent Scottish study investigated the barriers to urgent presentation in young men,² finding that the process by which an adolescent gets to hospital with testicular pain is slow. They must recognise the problem and alert their parents, who then use a 'watch and wait' policy to assess need for medical review, often leaving it 'a day' or overnight. Adolescent males, they found, do not engage with healthcare services independently of their parents. The authors recommend a testicular health education campaign for young men and educating parents that a 'watch and wait' policy may be harmful to their child.

Chaplaincy services. Having never personally referred a patient to community chaplaincy services, I was intrigued to see a recent study from Glasgow about primary care chaplaincy interventions.³ The study specifically sought to understand how GPs in one urban practice understood and used referrals to chaplaincy services in primary care. They

found that referral followed a series of steps precipitated by identification of issues: mental health issues, bereavement, spiritual and relationship issues, and isolation.

The authors conclude that referrals were made on a person-centred basis, and suggest further discussion is needed in the medical community about the routes by which GPs should refer to chaplaincy services.

Mumsnet. I regularly have patient referrals to children's mental health services refused, and those referrals that are accepted often have extremely long waiting times. Parents and young people often, therefore, turn to alternative sources of information and support, such as online discussion fora.

A recent UK study sought to understand the use of an existing popular user-driven discussion forum (mumsnet, <https://www.mumsnet.com>) by parents of children with mental health needs,⁴ based on a total of 50 threads from their Talk Child Mental Health page. They found that parents of children with mental health needs predominantly use mumsnet to offer and receive emotional support and to suggest general advice, techniques, and resources that could be applied outside of help from professional services.

The authors acknowledge that mumsnet cannot be a substitute for professional help, and yet they recognise that the fact that thousands of mothers are using the site to receive information and support suggests further investigation is needed to explore how online resources and fora can complement existing healthcare services.

Podcast of the month. As the world grapples with the implementation of mass diagnostic testing programmes, it's a good time to find out how things can go very wrong in *The Dropout* (<https://abcaudio.com/podcasts/the-dropout>).

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