If karyotype is not available, follicle-stimulating hormone (FSH) as a marker of primary ovarian failure, another common finding in Turner syndrome. A random or ‘baseline’ growth hormone (GH) level is not merited as GH is secreted in a pulsatile manner. GH deficiency (GHD) is formally excluded by provocation testing only undertaken in specialist centres equipped to undertake endocrine dynamic testing. Serum IGF-I is a marker of GH action and can be helpful. However, it is usually a secondary-level investigation, as interpretation can be challenging, particularly if there are associated nutritional issues.

Additionally, more moderate GHD can be associated with normal IGF-I values. Therefore, an IGF-I level within the normal range does not necessarily exclude GHD and this needs to be carefully considered when there is a high clinical suspicion of GHD.

Helen L Storr, 
Professor of Paediatric Endocrinology, 
Queen Mary University London and Barts Health NHS Trust, London. Email: h.l.storr@qmul.ac.uk

REFERENCES


References cited in this article have been corrected to read ‘Wolfson Institute of Population Health, Queen Mary University of London’.

Maxwell Cooper, 
Senior Lecturer in Primary Care and Public Health, Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton.

Corrections


Stephen Duffy’s affiliation has been corrected to read ‘Wolfson Institute of Population Health, Queen Mary University of London’.

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Sangeetha Sornalingam, 
Senior GP Teaching Fellow, Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton.

Maxwell Cooper, 
Senior Lecturer in Primary Care and Public Health, Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton.

GP wellbeing is more than a tick box exercise

New Quality and Outcomes Framework (QOF) indicators in England seek to reward GP wellbeing through absence reporting, access to support services, and options for flexible working. Practices must also participate in peer review of a wellbeing quality improvement project. This activity will increase workload for GPs and practices already under enormous strain and its responsibility fall on the shoulders of overstretched GP partners and managers. No increase in overall QOF remuneration is on offer in return, potentially leaving GPs feeling pressured to misrepresent their wellbeing in order to maintain practice revenue. This could conflict with burnout GPs’ duty of probity or leave them fearing professional consequences of ‘not coping’. More broadly, the new targets risk becoming a stick to beat GPs with, by either gifting evidence for government that morale is high or by placing responsibility for low morale squarely upon GP practices. Measures that become targets famously cease to be good measures. GP negotiators must beware subterfuge and seek transparent alternatives that address the specific and systemic challenges facing frontline primary care employees. GP wellbeing is more than a tick box exercise.

Labib Syed, 
Academic Foundation Year 2 Doctor, 
Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton. Email: labib.syed@nhs.net

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