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Author response

We are grateful for your letter and agree that it is vital to avoid unnecessary additional testing in children. The basic investigation scheme in our article is based on published consensus guidance.[1,2] This panel of tests was recommended as a screen to identify conditions that could potentially be managed in primary care (avoiding unnecessary referral) and/or to direct referrals appropriately. More 'specialised' tests included in the baseline assessment (but not in the article as they may not be universally available or difficult to interpret) are karyotype in short girls to exclude Turner syndrome and serum insulin-like growth factor-I (IGF-I) as a marker of growth hormone (GH) secretion.

It is vital to exclude Turner syndrome in short girls as it has an incidence of 1:2000, short stature is present in 98% of Turner syndrome individuals, and is the most common presenting feature in childhood. If karyotype is not available, follicle-stimulating hormone (FSH) at ages <2 and >9 years may be helpful as this could identify 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.

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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.[1] Practices must also participate in peer review of a wellbeing quality improvement project.[1]

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 burned-out 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: 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.[2] 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.

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2. Hoskin K. The 'awful idea of accountability': inscribing people into the measurement of objects. In: R Munro, J Mouritsen, eds. *Accountability: power, ethos and the technologies of managing*. London, International Thomson Business Press, 1996: 265–282.

DOI: https://doi.org/10.3399/bjgp23X732969

Corrections

GPs' willingness to prescribe aspirin for cancer preventive therapy in Lynch syndrome: a factorial randomised trial investigating factors influencing decisions. Kelly E Lloyd, Louise H Hall, Lucy Ziegler, *et al*; the Aspirin for Cancer Prevention group. *Br J Gen Pract* 2023; **73(729):** e302–e309. DOI: https://doi.org/10.3399/BJGP.2021.0610. To rectify a production processing error, 'sex' has been replaced with 'gender' throughout the text.

DOI: https://doi.org/10.3399/bjgp23X732981

Patient experience and satisfaction with symptomatic faecal immunochemical testing: an explanatory sequential mixed-methods evaluation. Natalie Gil, Helen Su, Kirandeep Kaur, *et al*. *Br J Gen Pract* 2023; **73(727):** e104–e114. DOI: https://doi.org/10.3399/BJGP.2022.0241. Stephen Duffy's affiliation has been corrected to read 'Wolfson Institute of Population Health, Queen Mary University of London'.

DOI: https://doi.org/10.3399/bjgp23X732993