

Piling high: a general practice registrar's unsolicited mail

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General practitioners in Australia receive unsolicited mail. To our knowledge, no studies analysing unsolicited mail received by medical practitioners have been published in Australia, and few overseas. In the United States, one practitioner reported collecting a large amount of unsolicited mail over a 12-month period and estimated that he read only 1%–2%.¹

Reduction of unsolicited mail has been suggested as a way of improving the contribution of general practice in Australia to environmental sustainability.²

We have experienced frustration associated with unsolicited mail: AT through receiving it; RP through hearing AT complain about it; and DB-G through having to carry the mail to the recycling bin.

We aimed to assess the types of unsolicited mail received by one Australian general practice registrar, in terms of both total quantity and the proportion read.

METHODS

The study participant was a female general practice registrar employed to work five sessions each week in a private general practice located in Charters Towers, north Queensland. At the time of the study, she was also undertaking an academic general practice post as part of her training, and from March to May 2010 studied for fellowship examinations.

The study participant collected all mail addressed directly to her that was received

ABSTRACT

Objective: To determine the amount, types, and proportion that is read of unsolicited mail received by a general practice registrar.

Design, setting and participant: A mixed-methods, prospective, descriptive study of unsolicited mail sent directly to a general practice registrar in a private general practice located in rural north Queensland, collected between 1 March and 30 September 2010.

Main outcome measures: The amount, by number and weight, of unsolicited mail items, and the proportion of each document read, in total and by category.

Results: 196 items of unsolicited mail, weighing 19.85 kg, were received over a period of 7 months. The category with the largest number of mail items was pharmaceutical company correspondence (70; 36%), closely followed by medical tabloids and free journals (67; 34%). Medical tabloids and free journals made up the largest proportion of unsolicited mail by weight (15.49 kg; 78%). Of all 196 items, only 10 (5%) had more than half of their content read.

Conclusions: Although small in size, this study suggests that a reduction in unsolicited mail to general practitioners in Australia would have benefits for GPs in terms of time management, environmental benefits, and reduction in frustration levels.

MJA 2010; 193: 728–729

at her practice address over the 7-month period from 1 March to 30 September 2010. Any solicited mail (eg, journals for which the participant had initiated a subscription) was excluded from the study.

Collection of unsolicited mail had initially commenced on 1 February 2010, but we identified that the collection process was compromised. Practice administration staff had been discarding some unsolicited mail, rather than delivering all mail to the participant's in-tray, with the aim of reducing her workload. Administration staff were subsequently advised to place all directly

addressed mail in the participant's in-tray, and a sign reminding staff to do this was placed on the in-tray.

As the participant cleared her in-tray, she marked on each item of mail the action taken with it as:

- *unopened*;
- *glanced* (glanced at briefly);
- *less than half read* (more than a simple glance, but less than half of the item's content read); or
- *more than half read*.

She then placed all eligible mail in a cardboard box in her office.

At the completion of the collection period, each piece of mail was read by at least one of us, and we developed a coding schema using a simplified inductive thematic qualitative method.³ We then re-read and categorised each document. Data on the initial action taken with each piece of mail were compiled and analysed using simple descriptive statistics.

RESULTS

After initial qualitative analysis of the mail items, we agreed on the following coding groups:

- medical tabloids and free journals (ie, journals received without having subscribed): *Australian Doctor*, *Medical Observer* and *Medicine Today*;



Categories of unsolicited mail, by number of items, weight and action taken

Category	No. (%)	Weight, kg (%)	Action taken			
			Unopened	Glanced	Less than half read	More than half read
Medical tabloids and free journals	67 (34%)	15.49 (78%)	21	18	28	0
Pharmaceutical company correspondence	70 (36%)	1.98 (10%)	4	60	5	1
Other advertising	33 (17%)	1.32 (7%)	2	23	8	0
Government communication	4 (2%)	0.40 (2%)	0	0	0	4
Education (non-pharmaceutical company)	13 (7%)	0.42 (2%)	3	5	3	2
Other	9 (5%)	0.24 (1%)	0	0	6	3
Total	196	19.85	30 (15%)	106 (54%)	50 (26%)	10 (5%)

Percentages may not add to 100% due to rounding.

- pharmaceutical company correspondence: drug information such as new products or formulations, changes to indications of existing products, safety updates, advertising for existing products, invitations to educational events or conferences sponsored by a single company;
- other (non-pharmaceutical company) advertising: for example, insurance companies, financial services, office equipment, medical equipment, charities, recruitment, health service providers (eg, specialist clinics, private hospitals);
- communications from Australian government agencies: letters from the state Chief Health Officer, ministers, information regarding vaccination programs;
- education (non-pharmaceutical company): conference invitations, National Prescribing Service materials, education materials on compact disc; and
- other: for example, support services such as Health Workforce Queensland surveys.

Over the 7-month period of the study, the participant received 196 items of unsolicited mail weighing 19.85 kg in total (Box). The category with the largest number of items was drug company correspondence (70; 36%), closely followed by medical tabloids and free journals (67; 34%). Medical tabloids and free journals made up the largest proportion of unsolicited mail by weight (15.49 kg; 78%) (Box). Of all unsolicited mail items, 5% (10/196) were “more than half read”; and of the 70 items from a pharmaceutical company, only six were categorised as “less than half read” or “more than half read” (Box).

DISCUSSION

Our study of unsolicited mail received by a general practice registrar over a 7-month period, and actions taken with it, showed that of the large amount of unsolicited mail

received, a very small proportion was read in detail. The number and total weight of unsolicited mail items received suggest that a reduction in unsolicited mail would have benefits for GPs in reducing the amount of time they take to sort mail, as well as environmental benefits.² If all 25 726 GPs in Australia in 2008–2009⁴ received a similar amount of mail during the study period to our participant, about 510 660 kg of unsolicited mail would have been received by GPs over the 7 months.

In our study, the participant considered only a small proportion of pharmaceutical company correspondence, such as safety updates or information regarding new products, to be important for her clinical practice. It is concerning that, with the large amount of mail received, practitioners may not read important communications such as changes to safety warnings for pharmaceutical products.

Our results suggest that Australian GPs receive significantly fewer unsolicited mail items than some practitioners in the US. Assuming that a similar amount of mail arrives each month, we estimate that our participant would receive 34 kg over a 12-month period, compared with the 122 kg received by an emergency medicine physician in San Francisco in 1999.¹

Our study had several limitations. Its small sample size of one participant may limit the generalisability of our results. Practitioners may value different information, and the proportion of mail read might therefore differ substantially between practitioners. Further, practitioners may receive differing amounts of mail. Also, the participant was studying for fellowship examinations for the first 3 months of the study and it is possible that her well honed procrastination skills may have resulted in a larger-than-usual amount of unsolicited mail being

read (and might even have been the stimulus for commencing the study).

We believe that AT's level of frustration with mail would be significantly reduced if a reduction in unsolicited mail occurred.

COMPETING INTERESTS

None identified.

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REFERENCES

- 1 Montauk L. Medical junk mail [letter]. *Lancet* 2000; 356: 344.
- 2 Blashki G. Climate change and human health. What can GPs do? *Aust Fam Physician* 2006; 35: 909-911.
- 3 Hansen EC. Successful qualitative health research: a practical introduction. Sydney: Allen and Unwin, 2006.
- 4 Australian Government Department of Health and Ageing. General practice statistics. Canberra: DoHA, 2010. <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-statistics-gpnos.htm> (accessed Oct 2010).

(Received 14 Oct 2010, accepted 21 Oct 2010)